Rhoda Spicer: Patient Information

Patient Record Number:1272

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texashousecalls.com

Name: Rhoda Spicer External ID: 1272 DOB: 1958-11-04 Sex: Female S.S.: 463-15-7731 Marital Status: Single

User Defined: 972-904-3424 don't call

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5MGdLNIExTjE4STQ

Address: 4826 Burnside Avenue

City: Dallas State: Texas Postal Code: 75216 Country: USA

Home Phone: 469-941-0210 Work Phone: 214-376-3870 Mobile Phone: 972-904-3424

Street Address: 4826 Burnside Avenue

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-10-2016. Risk Factors: GERD, Neuropathy.

Family History:

Last Recorded On: 11-10-2016.

Father: Unable to assess patient is deaf and mute.. Mother: Unable to assess patient is deaf and mute.. Siblings: Unable to assess patient is deaf and mute.. Offspring: Two children living in Houston and Alaska...

Primary Family Med Conditions:

Last Recorded On: 11-10-2016.

Risk Factors: None.

Social History:

Last Recorded On: 11-10-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug use. Status: Never

Nutrition History: Meals on wheels...

Developmental History: Unable to assess patient is deaf and mute..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 11-10-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 01/14/2014, at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 05/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 01/14/2014, at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 01/14/2014, at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 01/14/2014, at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Abnormal Done on 01/14/2014, at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2003-11-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 463157731A

Group Number :

Employer Name: Rhoda Spicer

Immunizations:

Rhoda Spicer: Chief Complaint Patient Record Number:1272 Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

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Seen by Derrick Love-Jones Seen on 14-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of end-stage renal disease, diabetes mellitus type 2, hypertension, chronic obstructive pulmonary disease, osteoarthritis/rheumatoid arthritis, chronic pain, congestive heart failure, gout, anemia, glaucoma, hyperlipidemia, deaf/mute, and heart disease. Patient complains of SOB.

History of Present illness:

HPI Status:Finalized

An 57-year-old AA female in NAD with multiple chronic conditions including end-stage renal disease, diabetes mellitus type 2, hypertension, chronic obstructive pulmonary disease, osteoarthritis/rheumatoid arthritis. Patient states that she has been SOB since her last HD treatment 3 days ago. Patient missed a HD treatment and is fluid overloaded. Patient denies any other issues upon examination. Patient rates pain at 4/10. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-14	120	59	210.00	64.00	97.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Opplication of the State of th

New Management of the State of

No. The second of the YES

No Shara States Of Urine

No Banking and partige Of Motion

No Mips sylplese th Mentation

No Apnea

No Bloomydiang Gums

No Obatelettiess

No Use Of Dentures

Physical Exam:

BELLEGIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL

BETTREMITIES:

Seems propagation of the complete of the compl

CV:

Bereit/Sittlicatificitation: Weidnamtset/VintalinLinkotsnal Limits.

 $\hbox{Murmur, Rubs, Gallops-Within Normal Limits}\ .$

Medication:

Description	Status	Start Date	End Date	
Folic Acid ,1 MG TABS, TAKE ONE TABLET BY MOUTH EVERY Quantity: 30, Refill Quantity: 3	DAY,			
Unknown or N/A	Active	2016-07-14		
by Jones, Derrick - MJ3217331				
Texas Physician House Calls				

I		
Clopidogrel Bisulfate ,75 MG TABS, TAKE ONE TABLET BY MOUTH		
EVERY DAY, Quantity: 30, Refill Quantity: 3	Active	2016 06 17
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2016-06-17
DFW Primary Care PLLC		
Folic Acid .1 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY.		
Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-06-17
by ketha, Dr sumana - BK6230281		
DFW Primary Care PLLC		
Aspirin EC ,325 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY DAY,		
Quantity: 30, Refill Quantity: 3 Unknown or N/A	Active	2016-03-23
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
TraZODone HCI ,50 MG TABS, TAKE 1 TABLET AT BEDTIME,		
Quantity: 30, Refill Quantity: 30		
Unknown or N/A	Active	2016-03-23
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Aspirin EC ,325 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-03-10
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
TraZODone HCI ,50 MG TABS, TAKE 1 TABLET AT BEDTIME,		
Quantity: 30, Refill Quantity: 30 Unknown or N/A	Active	2016-02-15
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Allopurinol ,100 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity:		
60, Refill Quantity: 3		
Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA		
AmLODIPine Besylate ,10 MG TABS, Take One Tablet By Mouth Every		
Day For Blood Pressure, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281		
Sumana Ketha MDPA		
Dorzolamide HCI-Timolol Mal ,22.3-6.8 MG/ML SOLN, Use 1 Drop In		
Each Eye Twice Daily As Directed, Quantity: 10, Refill Quantity: 3 Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281		
Sumana Ketha MDPA		
Gabapentin ,400 MG CAPS, TAKE 1 CAPSULE TWICE DAILY,		
Quantity: 60, Refill Quantity: 3		
Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA		
Glimepiride ,1 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 3		
Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281		
Sumana Ketha MDPA		
HydrALAZINE HCI ,10 MG TABS, Take One Tablet By Mouth Three		
Times Daily, Quantity: 90, Refill Quantity: 3 Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281		
Sumana Ketha MDPA		
Isosorbide Dinitrate ER ,40 MG TBCR, TAKE 1 TABLET ONCE DAILY,	<u> </u>	
Quantity: 30, Refill Quantity: 3	Author	0045 05 44
Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA		
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity:		
30, Refill Quantity: 3		
Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281		
Sumana Ketha MDPA		

Carvedilol .25 MG TABS. TAKE ONE TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A Active 2015-05-13 by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Furosemide, 80 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Active 2015-05-13 Unknown or N/A by ketha, Dr. sumana - BK6230281 Sumana Ketha MDPA Omeprazole, 40 MG CPDR, TAKE 2 CAPSULES BY MOUTH EVERY DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A Active 2015-05-13 by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Renvela ,800 MG TABS, TAKE 2 TABLETS BY MOUTH THREE TIMES DAILY WITH A MEAL, Quantity: 180, Refill Quantity: 2 Active 2015-04-20 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA TraZODone HCI,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30. Refill Quantity: 3 Unknown or N/A Active 2015-03-02 by ketha. Dr sumana - BK6230281 Sumana Ketha MDPA Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Active 2015-02-05 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable.

- 1. Fluid overload, continue to monitor.
- 2. Chronic heart failure with systolic, complications continue current plan.
- 3. Diabetes mellitus type 2 with neuropathy, continue current plan.
- 4. Gout, continue current plan.
- 5. Neuropathy, continue current plan.
- ${\small 6.\ Osteoarthritis\ with\ chronic\ pain,\ continue\ current\ plan.}\\$
- ${\bf 7.}\ {\bf End\text{-}stage}\ {\bf renal}\ {\bf disease},\ {\bf continue}\ {\bf current}\ {\bf treatment}.$
- ${\bf 8.\ Gastroe sophage al\ reflux\ disease,\ continue\ current\ plan.}$
- 9. Hyperlipidemia, continue current plan.
- 10. Chronic obstructive pulmonary disease/asthma, continue current plan.
- 11. Mute/deaf, continue to monitor.
- 12. Insomnia, continue current plan.
- 13. Lumbago, continue current plan.
- 14. Anemia, continue current plan.
- 15. Coronary artery disease, continue current plan.
- 16. Diabetic retinopathy, continue current plan.
- 17. Glaucoma, continue current plan.
- 18. Mobility impairment, continue to monitor.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date	
Unspecified hereditary and idiopathic peripheral neuropathy				
(ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified)	Active	2015-10-01		
Unknown or N/A				

Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, unspecified whether generalized or localized, lower leg (ICD10:M17.9 Osteoarthritis of knee, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease (ICD10:l12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Anemia in chronic kidney disease (ICD10:D63.1 Anemia in chronic kidney disease) Unknown or N/A	Active	2015-10-01
Endometrial hyperplasia with atypia (ICD10:N85.02 Endometrial intraepithelial neoplasia [EIN]) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	
End stage renal disease (ICD9:585.6 End stage renal disease) Unknown or N/A	Active	
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active	
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	
Background diabetic retinopathy (ICD9:362.01 Background diabetic retinopathy) Unknown or N/A	Active	

Chronic ischemic heart disease, unspecified (ICD9:414.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active
Chronic airway obstruction, not elsewhere classified (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active
Glaucoma (ICD9:365.9 Unspecified glaucoma) Unknown or N/A	Active

Allergies:

De	escription	Status	Start Date	End Date
No known drug allergies.		Active		
Unknown or N/A		Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES Is Home Health Care Needed: YES

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Emrick Services INC

Primary Justification Medical Conditions:

Anemia, COPD, diabetes, Glaucoma, Heart_Failure, HTN, hyperlipidemia, Kidney_Disease

Additional Medical Conditions: Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to deaf/mute and inability to self medicate correctly. Certification Statement: Patient is home bound due to chronic pain. Patient has unsteady, painful ambulation with extremely

poor balance. Signed by (NP): 16

Signed On (NP): 2016-09-14 05:19

Signed By (Physician): 18

Signed on (Physician): 2016-09-21 05:19

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Diabetic Supplies			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
Gloves		,	
Unknown or N/A	Active		
by Dr. Sumana Ketha			
Alcohol Pads			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
Probe covers		,	
Unknown or N/A	Active		
by Dr. Sumana Ketha			

Procedure Order:

Patient ID	1272	Order ID	923
Patient Name	Spicer, Rhoda	Ordered By	Love-Jones, Derrick
Order Date	2016-11-10	Print Date	2016-11-10
Order Status	complete	Encounter Date	2016-11-10

Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-10		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		



Electronically Signed by Derrick Love-Jones on 2016-09-21.

Printed on 10-Nov-2016 22:35:05 pm.