

Meladie Portley: Patient Information
Patient Record Number:5663

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

Name: Meladie Portley

External ID: 5663

DOB: 1976-04-03

Sex: Female

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B87s7RNfUFwoR0U4N0VkwENTWUU>

Address: 167 Wildwood Drive

City: Desoto

State: Texas

Postal Code: 75115

Country: USA

Home Phone: 214-476-5239

Mobile Phone: 214-254-0415

Street Address: 167 Wildwood Drive

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-09-2016.

Risk Factors: Chronic Pain,Degenerative Joint Disease,Lumbago,Neuropathy.

Additional Medical History: CVA 2010, colitis, head trauma in 2010, endocarditis, and intestinal blockage 2013..

Family History:

Last Recorded On: 08-09-2016.

Father: Father died with diabetes mellitus type 2 and hypertension..

Mother: Mom died with congestive heart failure, hypertension, and peripheral edema..

Siblings: One brother and is healthy..

Offspring: Three children all healthy..

Primary Family Med Conditions:

Last Recorded On: 08-09-2016.

Chronic Conditions: Diabetes,Heart Failure,Hypertension.

Social History:

Last Recorded On: 08-09-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: Drinks occasionally. **Status:** Current

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Well..

Developmental History: Well..

Tests and Exams:

Last Recorded On: 08-09-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 462157775A
Group Number :
Employer Name : Meladie Portley
Copay :
Insured ID Number : 462157775A
Group Number :
Employer Name : Meladie Portley
Copay :
Insured ID Number : 508837633
Group Number :
Employer Name : Meladie Portley

Immunizations:

Meladie Portley: Chief Complaint
Patient Record Number:5663

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Seen by Derrick Love-Jones
Seen on 02-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, asthma, colitis, lumbago, chronic pain, osteoarthritis, cerebrovascular accident, anemia, and spinal cord injury. Patient complains of right side pain that radiates to front of stomach.

History of Present illness:

HPI Status:Finalized

Patient is a 40-year-old African American female in NAD with multiple chronic conditions of hypertension, asthma, neuropathy, lumbago, chronic pain, osteoarthritis, CVA effects, and anemia. Patient complaints of joint pain in feet and hands. Patient informed me that she has had right side pain that radiates to the front of her stomach. Patient does have a history of colitis, but denies any recent flare-ups. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-02	135	90	166.00	63.00	97.60	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Loss
No Weight Gain
No Fatigue
No Anorexia
No Polyphagia
No Polydipsia
No Nocturia
No Change In Appetite
No Change In Thirst
No Change In Bowel Range Of Motion
No Change In Bladder
No Hoarseness
No Use Of Dentures

Physical Exam:

HEENT:

HEENT-WITHIN NORMAL LIMITS .

NECK:

NECK-WITHIN NORMAL LIMITS .

CV:

CV-WITHIN NORMAL LIMITS .

Murmur, Rubs,Gallops-WITHIN NORMAL LIMITS .

Medication:

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-22	

Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0	Active	2016-06-10
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0	Active	2016-03-10
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Oxybutynin Chloride ,5 MG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 30, Refill Quantity: 0	Active	2016-03-10
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 4	Active	2016-03-10
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 0	Active	2016-03-10
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2	Active	2016-03-10
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0	Active	2016-03-08
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 4	Active	2016-02-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2	Active	2016-02-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2	Active	2016-02-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2015-05-06
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 1, Refill Quantity: 3	Active	2015-04-08
Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA		
AmLODIPine Besylate ,5 MG TABS, Take 1 Tab Daily, Hold if SBP is less than 120 STOP AMLODIPINE 10MG, Quantity: 30, Refill Quantity: 2	Active	2015-01-28
Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA		

Plan Note:

Plan Note Status:Finalized

1. Continue same as previous medications, no new medications noted this visit.
2. Medication adherence education was given to the patient and the patient educated on the benefits so, low-fat, low cholesterol diet with conditions.
3. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, blurry vision or systolic blood pressure greater than 200.
4. Patient encouraged to exercise daily as tolerated.
5. No labs needed this visit.
6. Reviewed recent labs with patient.
7. The patient verbalize understanding of the above plan and was given the office question.
8. Ulcerative colitis, continue current plan.
9. Hypertension with vascular complications, continue current plan.
10. Asthma, continue current plan.
11. Chronic pain syndrome, continue current pain medication.
12. Osteoarthritis with chronic pain, continue current plan.
13. Cerebrovascular effects, continue current plan.
14. Lumbago with chronic pain, continue current plan.
15. Anxiety, continue current plan.
16. Prognosis is fair and patient is stable.
17. Reviewed old records of the patient.
18. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Other and unspecified noninfectious gastroenteritis and colitis (ICD10:K52.89 Other specified noninfective gastroenteritis and colitis) (ICD10:K52.9 Noninfective gastroenteritis and colitis, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, hand (ICD10:M18.9 Osteoarthritis of first carpometacarpal joint, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified late effects of cerebrovascular disease (ICD10:I69.90 Unspecified sequelae of unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Unspecified anemia (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified site of spinal cord injury without evidence of spinal bone injury (ICD10:S49.90XA Unspecified injury of shoulder and upper arm, unspecified arm, initial encounter) Unknown or N/A	Active	2015-10-01	
Ulcerative colitis, unspecified (ICD10:K51.90 Ulcerative colitis, unspecified, without complications) Unknown or N/A	Active	2015-10-01	

C1-C4 level with unspecified spinal cord injury (ICD10:S14.101A Unspecified injury at C1 level of cervical spinal cord, initial encounter) (ICD10:S14.102A Unspecified injury at C2 level of cervical spinal cord, initial encounter) (ICD10:S14.103A Unspecified injury at C3 level of cervical spinal cord, initial encounter) (ICD10:S14.104A Unspecified injury at C4 level of cervical spinal cord, initial encounter) Unknown or N/A			Active	2015-10-01
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Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
C-Section Unknown or N/A	Active		
Hysterectomy in 2012 (endocarditis), Unknown or N/A	Active		
Gallbladder removal in 2005 Unknown or N/A	Active		
Surgery on her back Unknown or N/A	Active		

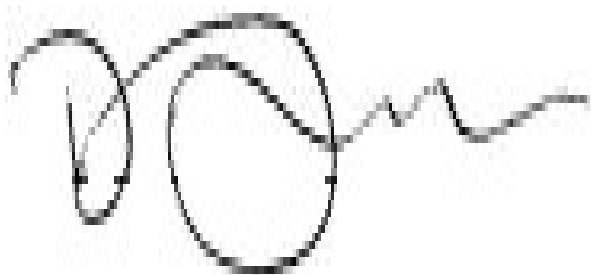
Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES
Is Home Health Care Needed: NO
Does Patient have reliable other Primary Care Physician: NO
Is House Visit Needed: YES
Next Visit Duration (in days): 31
Current home health agency:
Primary Justification Medical Conditions:
Additional Medical Conditions:
Nursing Required: NO
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Requested Care/Treatments Required:
Clinical Findings To Justify Home Health: No skilled nursing at this time.
Certification Statement:
Signed by (NP): 16
Signed On (NP): 2016-08-02 02:25
Signed By (Physician): 18
Signed on (Physician): 2016-08-09 02:25
Form_status: finalized

Procedure Order:

Patient ID	5663	Order ID	785
Patient Name	Portley, Meladie	Ordered By	Love-Jones, Derrick
Order Date	2016-09-17	Print Date	2016-09-17
Order Status	complete	Encounter Date	2016-09-17
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-17		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-08-09**.

Printed on 17-Sep-2016 11:29:32 am.