Mildred Wallace: Patient Information

Patient Record Number:5908

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: Mildred Wallace External ID: 5908 **DOB**: 1950-10-24 Sex: Female Marital Status: Single

User Defined: Schedule on Mon, Wed & Friday

genericval1: 214-288-1428

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCZ3ZMU1FpdFRRaDg

Address: 9308 Beck Ave

City: Dallas State: Texas Postal Code: 75228 Country: USA

Mother's Name: Dialasis on Tuesday and Thursdy

Home Phone: 214-859-0227 Street Address: 9308 Beck Ave

Apt/Suite/Other: 107

Past Medical History:

Last Recorded On: 11-05-2016. Risk Factors: Lumbago.

Family History:

Last Recorded On: 11-05-2016.

Father: Father died of diabetes mellitus type 2.. Mother: Mother died of child birth and hypertension..

Siblings: Two brothers alive and healthy and one brother died of diabetes mellitus type 2, coronary artery disease, hypertension.

One sister alive with diabetes mellitus type 2 and hypertension and another sister died of breast cancer..

Offspring: Patient has three daughters who are alive and healthy...

Primary Family Med Conditions:

Last Recorded On: 11-05-2016.

Chronic Conditions: Diabetes, Hypertension, Ischemic Heart Disease, Female/Male Breast Cancer.

Social History:

Last Recorded On: 11-05-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Good.. Developmental History: Well.. Other History: One year of college..

Tests and Exams:

Last Recorded On: 11-05-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary Start Date : 0000-00-00 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary
Start Date: 2015-09-10 Relationship to Insured: Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary Start Date: 2016-03-01 Relationship to Insured: Self

Type: N/A

Payer: Humana (61101)

Copay : Insured ID Number : 458948774A

Group Number :

Employer Name : Mildred Wallace

Copay : Insured ID Number : 458948774A

Group Number:

Employer Name : Mildred Wallace

Copay:

Insured ID Number: H68314344

Group Number:

Employer Name : Mildred Wallace

Immunizations:

Mildred Wallace: Chief Complaint Patient Record Number:5908

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

> Seen by Darolyn Perkins Seen on 05-October-2016

Chief Complaint Status: finalized

Followup home visit for management of hyperlipidemia, hypertension, osteoarthritis, chronic pain, lumbago, and end-stage renal disease. Blood pressure is uncontrolled due to non-compliance of medication. Patient complains of knee pain and lower back

History of Present illness:

HPI Status:Finalized

A 65-year-old African American female in NAD with multiple chronic conditions of hyperlipidemia, hypertension, osteoarthritis, chronic pain, and end-stage renal disease. Patient blood pressure has improved greatly. Patient is taking her medication as prescribed. Patient continues to have pain in her knees. Patient denies any new issues or complaints upon examination. Patient denies any CP, HA, or N/V since last visit.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-10-05	157	90	112.00	61.00	98.20	18.00	~	21.2	0.00

Review of Systems:

Constitutional:

Spipititi jilgili jäljitigiti nellaingat:

No Balling Sision

Table (1980) Nedin

No Bullion Makes of Urine

No Blitting bed Dangertige Of Motion

No Biparyajes In Mentation

No Blæeding Gums

No Boarzeness

No Obst@fcDemtures

Physical Exam:

BEUREMITIES:

Editak de karak Makin karak de karak d

CV:

DESMINITERALISATION CONTROL LIMITE DE LA CONTROL DE LA CO

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Isosorbide Dinitrate ,20 MG TABS, TAKE 1 TABLET EVERY 8 HOURS			
DAILY, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-09-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Amiodarone HCI ,200 MG TABS, 1 TAB QD, Quantity: 30, Refill Quantity: 1		
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-08-15
Texas Physician House Calls		
HydrALAZINE HCI ,100 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES A DAY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2016-07-25
Texas Physician House Calls		
Amiodarone HCl ,200 MG TABS, QD, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-06-21
Texas Physician House Calls		
Simvastatin ,40 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1		
Unknown or N/A	Active	2016-06-21
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Amiodarone HCI ,200 MG TABS, QD, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-05-20
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Simvastatin ,40 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-05-20
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS		
NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2016-03-30
by ketha, Dr sumana - BK6230281	Active	2010 00 00
Texas Physician House Calls		
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2	Active	2016-03-04
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME AS NEEDED, Quantity: 30, Refill Quantity: 0		
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2016-03-02
Texas Physician House Calls		
HydrALAZINE HCI ,100 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES A DAY, Quantity: 90, Refill Quantity: 3		
Unknown or N/A	Active	2016-01-20
by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
Simvastatin ,20 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-01-20
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Lisinopril ,40 MG TABS, Take 1 Tablet By Mouth Twice Daily For Hypertension, Quantity: 60, Refill Quantity: 3	Active	2015-11-30
by ketha, Dr sumana - BK6230281	** *	
Texas Physician House Calls		
Metoprolol Succinate ER ,100 MG TB24, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3	_	
Unknown or N/A	Active	2015-11-30
by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
·		

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 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Hyperlipidemia, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Lumbago with chronic pain, continue current plan.
- 6. End-stage renal disease, continue current plan.
- 7. Anxiety, continue current plan.

Medication refills of the following: Xanax 0.5 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-17	
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2016-06-24	
Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (ICD10:I13.10 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2016-06-24	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-01	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-27	
Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2015-11-12	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Renal dialysis status (ICD10:Z99.2 Dependence on renal dialysis) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date	

Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Baylor in 2015 for hypertension.	Active		
Unknown or N/A	7.00.70		

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:

Primary Justification Medical Conditions: hyperlipidemia,HTN

Additional Medical Conditions: End-stage renal disease, Lumbago, Chronic Pain,

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 chronic pain and inability to self medicate.

Certification Statement: Patient is home-bound due to lumbago and chronic pain. Patient has unsteady, painful ambulation with

extremely poor balance. **Signed by (NP):** 302

Signed On (NP): 2016-10-05 08:03 **Signed By (Physician):** 18

Signed on (Physician): 2016-10-12 08:03

Form_status: finalized

Printed:



Electronically Signed by Darolyn Perkins on 2016-10-12.

Printed on 06-Nov-2016 16:13:52 pm.