

**Dorothy Square: Patient Information**  
Patient Record Number:6224

**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:** Dorothy J Square  
**External ID:** 6224  
**DOB:** 1947-02-15  
**Sex:** Female  
**S.S.:** 465-80-8554  
**Marital Status:** Widowed  
**User Defined:** 214-881-0925  
**Patient Drive Folder:** +19729190425-0705-120254-183

**Address:** 2255 N Washington Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75204  
**Country:** USA  
**Mobile Phone:** 469-765-2691  
**Street Address:** 2255 N Washington Ave  
**Apt/Suite/Other:** APT#122

## Past Medical History:

**Last Recorded On:** 07-25-2016.  
**Risk Factors:** Chronic Pain,GERD,Lumbago.

## Family History:

**Last Recorded On:** 07-25-2016.  
**Father:** Father died of heart failure and hypertension..  
**Mother:** Mother died of breast cancer and diabetes mellitus type 2..  
**Siblings:** One brother is alive and two brothers are deceased. Five sisters which are alive..  
**Offspring:** One son with hypertension..

## Social History:

**Last Recorded On:** 07-25-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Education level is PhD..  
**Other History:** Influenza, tetanus, pneumovax, and PPD all taken in 2016. .

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1995-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 465808554A  
**Group Number :**  
**Employer Name :** Dorothy Square

**Immunizations:**

**Dorothy Square: Chief Complaint**  
Patient Record Number:6224

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**Seen by** Derrick Love-Jones  
**Seen on** 13-July-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions of lumbago, hypertension, urinary incontinence, gastroesophageal reflux disease, diabetes mellitus type 2, congestive heart failure, chronic pain syndrome, osteoarthritis, asthma, and coronary artery disease. Patient complains of low back pain.

## History of Present illness:

**HPI Status:**Finalized

She is a 69-year-old African-American female in NAD. With multiple chronic conditions of the following of lumbago, hypertension, urinary incontinence, gastroesophageal reflux disease, diabetes mellitus type 2, congestive heart failure, chronic pain syndrome, osteoarthritis, asthma, and coronary artery disease. Patient has a history of chronic low back pain that has persisted for several years. Patient rates pain at 7/10 today and states that it is relieved with current pain medication. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot thick revealed no major issues. Patient denies any chest pain, headache, nausea vomiting at this time. Reviewed labs. Reviewed medications.

**Family History:**

**Social History:**

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	161	82	0.00	66.00	97.60	20.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**General:** No weight loss

No fevers

No chills

No night sweats

No anorexia

No fatigue

No change in Range Of Motion

No constipation

## Physical Exam:

**HEENT:**

Head: No tenderness or swelling. Eyes: No conjunctivitis, scleral icterus, or xanthops. Ears: No tenderness or swelling. Nose: No tenderness or swelling. Throat: No tenderness or swelling. Lungs: No crackles, wheezes, or rhales. Heart: No murmurs, rubs, or gallops. Abdomen: No tenderness or swelling. Extremities: No tenderness or swelling. Neuro: No focal deficits.

**EXTREMITIES:**

Upper Extremities: No tenderness or swelling. Lower Extremities: No tenderness or swelling.

**CV:**

Heart: No murmurs, rubs, or gallops. Lungs: No crackles, wheezes, or rhales.

Murmur, Rubs, Gallops-Within Normal Limits .

## Plan Note:

**Plan Note Status:**Finalized

1. Lumbago with sciatica, continue PT/OT.
2. Osteoarthritis with chronic pain, continue pain medications.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue pain medications.

5. Gastroesophageal reflux disease, continue medications.
6. Urinary incontinence, stable.
7. Diabetes mellitus with neuropathy, continue medications.
8. Asthma, on nebulizers.
9. Coronary artery disease, well controlled with medications.
10. Congestive heart failure with systolic complications, monitor.
11. Medication refills as follows; Norco 10/325 mg t.i.d.
12. Medication adherence was given to the patient. Continue treatment as planned.
13. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, right side ( ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-13	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-13	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-13	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-13	
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	2016-07-13	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-13	

## Allergies:

Description	Status	Start Date	End Date
Codiene Unknown or N/A	Active	2016-07-13	

## Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Baylor. Unknown or N/A	Active	2016-07-13	

## 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:** Mobility\_Impairments,Rheumatoid Arthritis\_Osteoarthr,HTN,Asthma,diabetes

**Additional Medical Conditions:** Lumbago, GERD, CHF, CAD, Urinary Incontinence

**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:** Patient is homebound due to low back issues, chronic pain anntrolled hypertension.

**Certification Statement:** No SN needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-13 04:35

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-20 04:35

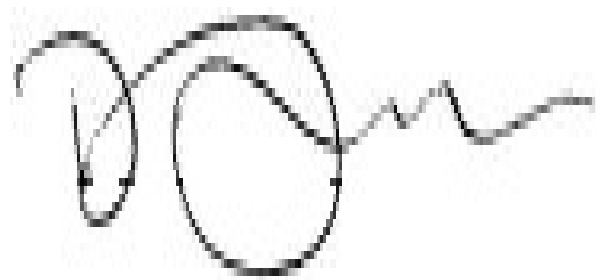
**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6224	Order ID	729
Patient Name	Square, Dorothy J	Ordered By	Love-Jones, Derrick
Order Date	2016-08-16	Print Date	2016-08-16
Order Status	complete	Encounter Date	2016-08-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-07-19**.

Printed on 16-Aug-2016 21:19:33 pm.