

Candy Henderson: Patient Information
Patient Record Number:6130

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: Candy Henderson
External ID: 6130
DOB: 1955-09-01
Sex: Female
S.S.: 452066077
Marital Status: Single
User Defined: 214-772-8122

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216-4555
Country: USA
Emergency Contact: Sister
Emergency Phone: 214-284-0175
Home Phone: 214-881-0001
Work Phone: 214-772-8122
Mobile Phone: 214-371-6080
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 11-05-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 11-05-2016.
Tobacco: No smoking **Status:**
Alcohol: No Alcohol **Status:**
Recreational Drugs: No drugs **Status:**
Nutrition History: Regular..
Developmental History: Well..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-03-02
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 242411603
Group Number :
Employer Name : Candy Henderson

Immunizations:

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Follow up home visit to prevent further decline of the following chronic medical conditions of polio, hypertension, hyperlipidemia, diabetes mellitus 2, asthma, Vitamin D deficiency, and urinary incontinence. Patient complains of numbness and tingling in both feet and leg pain.

A 61-year old-African American female in NAD with multiple chronic conditions of the following of polio, hypertension, hyperlipidemia, diabetes mellitus 2, asthma, Vitamin D deficiency, and urinary incontinence. Patient does have a history of chronic pain from osteoarthritis. Patient states that she has numbness and tingling pain in both feet. Patient also has pain in her legs. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot check revealed no other major issues. Patient denies any chest pain, headache, nausea vomiting upon examination.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-26	132	73	235.00	61.00	98.20	18.00	~	0.0	0.00

[illegible]

Description	Status	Start Date	End Date
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE BY MOUTH ONCE A WEEK, Quantity: 4, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Ibuprofen ,800 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Acura Blood Glucose Meter ,w/Device KIT, MONITOR BLOOD GLUCOSE TWICE DAILY, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-22
Pioglitazone HCl ,45 MG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-22
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-16
NovoLIN 70/30 ,(70-30) 100 UNIT/ML SUSP, 50 Units in the am, 45 units in pm, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-23
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-10
Acyclovir ,400 MG TABS, TAKE 2 TABLETS EVERY 4 HOURS, 5 TIMES DAILY, Quantity: 70, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-22
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
TRUEtest Test , STRP, USE 1 STRIP TWICE DAILY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23

TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS
NEEDED, Quantity: 90, Refill Quantity: 0

Unknown or N/A

Active

2016-03-23

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of those so, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Asthma, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Vitamin D deficiency, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Cerebrovascular effects, continue to monitor.
8. Urinary incontinence, continue current plan.

Medication refills as follows:

Metformin 500 mg b.i.d.

IBU

Nasal spray.

Medical Problem:

Description	Status	Start Date	End Date
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-08-26	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-08-26	
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	2016-07-01	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-01	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-18	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-18	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-03-18	
Vitamin D deficiency, unspecified (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2016-03-18	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-03-18	

Surgeries:

Description	Status	Start Date	End Date
Right Leg Fracture in 2015. Unknown or N/A	Active	2016-03-18	

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: We care daycare

Primary Justification Medical Conditions: diabetes,hyperlipidemia,HTN,Mobility_Impairments

Additional Medical Conditions: Polio, Asthma, Vit D deficiency

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is home-bound due to mobility issues and requires home visits.

Certification Statement: Patient requires skilled nursing due to uncontrolled diabetes type two and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-26 07:45

Signed By (Physician): 18

Signed on (Physician): 2016-09-02 07:46

Form_status: finalized

Procedure Order:

Patient ID	6130	Order ID	895
Patient Name	Henderson, Candy	Ordered By	Love-Jones, Derrick
Order Date	2016-11-06	Print Date	2016-11-06
Order Status	complete	Encounter Date	2016-11-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-06		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-02**.

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