

Elvira Drennon: Patient Information
Patient Record Number:921

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: Elvira Drennon
External ID: 921
DOB: 1952-01-03
Sex: Female
S.S.: 461-90-0138
Marital Status: Single
User Defined: Lives with Cedric Green

Address: 2331 Kathleen Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-484-9157
Work Phone: 214-723-1390
Mobile Phone: 469-650-2992
Street Address: 2331 Kathleen Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 08-11-2016.
Father: Unknown..
Mother: Mother had cerebrovascular affects. .

Social History:

Last Recorded On: 08-11-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1991-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-03-19
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 461900138A
Group Number :
Employer Name : Elvira Drennon
Copay :
Insured ID Number : 519224256
Group Number :
Employer Name : Elvira Drennon

Immunizations:

Elvira Drennon: Chief Complaint
Patient Record Number:921

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Seen by Derrick Love-Jones
Seen on 27-July-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of cerebrovascular effects, anxiety, hypertension, depression, neuropathy, diabetes mellitus 2, and congestive heart failure. Patient complains of headaches x 1-2 weeks.

History of Present illness:

HPI Status:Finalized

A 64-year-old African-American female in NAD with multiple chronic conditions of the following cerebrovascular effects, anxiety, hypertension, depression, neuropathy, diabetes mellitus type 2 and congestive heart failure. Patient states that for 1 to 2 weeks she has had a headache that ranges from mild to severe. Patient denies any hypertensive episodes upon examination. Patient denies any missed medications. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot check revealed no major issues. Patient denies any chest pain or nausea/vomiting upon examination. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	147	84	0.00	64.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Systemic Lupus Erythematosus:

No myalgias
No weight loss
No fevers
No night sweats
No dry mouth
No joint pain
No rashes
No change in Range Of Motion

Physical Exam:

ENT:

ENT - Within Normal Limits .

HEENT:

HEENT - Within Normal Limits .

CV:

CV - Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Hypertension with vascular complications continue current plan.
2. Congestive heart failure with systolic complications continue current plan.
3. Diabetes mellitus 2 with neuropathy, stable.
4. Chronic pain syndrome, well controlled with medications.
5. Neuropathy, stable on medications.
6. Depression, monitor.

7. anxiety, stable.
8. CVA effects, monitor.
9. Medication refills as follows; Xanax 1 mb b.i.d., Norco 10/325 mg t.i.d.
10. Medication adherence was given to the patient. Continue treatment as planned.
11. 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.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

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	2016-07-27	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-27	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-27	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27	
Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) 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	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Cerebrovascular effects. 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:

Primary Justification Medical Conditions: Mobility_Impairments,hyperlipidemia,Stroke,Rheumatoid

Arthritis_Osteoarthr,HTN,diabetes

Additional Medical Conditions: CHF, Wheelchair Bound, Depression, CVA Effects

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mobility issues, wheelchair-bound, and inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-07-27 05:28

Signed By (Physician): 18

Signed on (Physician): 2016-08-01 05:29

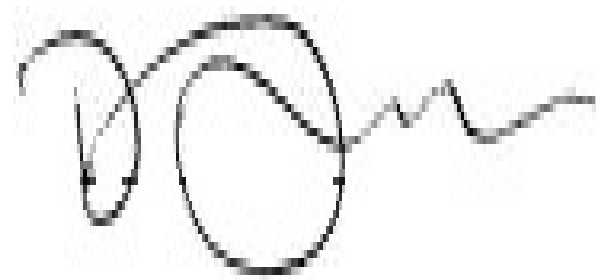
Form_status: finalized

Printed:

Procedure Order:

Patient ID	921	Order ID	771
Patient Name	Drennon, Elvira	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											



Electronically Signed by **Derrick Love-Jones** on **2016-08-04**.

Printed on 17-Sep-2016 07:36:06 am.