

Vicky Tyndall: Patient Information
Patient Record Number:5856

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: Vicky Tyndall
External ID: 5856
DOB: 1956-04-03
Sex: Female
User Defined: patient is always home
genericval1: 972-557-7888

Address: 9829 Mill Valley Lane
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Home Phone: 972-557-7888
Mobile Phone: 214-643-2324
Street Address: 9829 Mill Valley Lane
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-08-2016.
Risk Factors: Incontinence.
Additional Medical History: Morbid obesity, sleep apnea, and bed bound..

Family History:

Last Recorded On: 08-08-2016.
Father: Father deceased..
Mother: Mother deceased with DJD, dementia, and Alzheimer disease..
Siblings: Four sisters..
Offspring: One daughter, healthy..

Primary Family Med Conditions:

Last Recorded On: 08-08-2016.
Risk Factors: Degenerative Joint Disease.
Chronic Conditions: Alzheimers,Senile Dementia.

Social History:

Last Recorded On: 08-08-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Educational level is 12th grade..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 08-08-2016.

Sigmoid/Colonoscopy N/A done in 2014

Insurance:

United Health Care (87726)

Priority : Primary
Start Date : 2015-01-01
Relationship to Insured : Self
Type : N/A
Payer : United Health Care (87726)
Priority : Primary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : 757618701
Group Number :
Employer Name : Vicky Tyndall
Copay :
Insured ID Number : H66044316
Group Number :
Employer Name : Vicky Tyndall

Immunizations:

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Description	Status	Start Date	End Date
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-07-25	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Furosemide ,40 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-25
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-30
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
Lasix ,40 MG TABS, ONE TAB ONCE A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-28
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10
Lasix ,40 MG TABS, ONE TAB ONCE A DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10

Plan Note:

Plan Note Status:Finalized

1. Chronic obstructive pulmonary disease/asthma, continue current plan and monitor shortness of breath.
2. Chronic kidney disease stage-3, well controlled with medications.
3. Sleep apnea, continue current plan.
4. Urinary incontinence, continue current plan.
5. Vitamin D deficiency, continue medications.
6. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
7. Morbid obesity, continue to monitor.
8. Medication refills as follows; Lasix 40 mg 1/2 tab q.d., Famotidine 20 mg q.d.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
10. Reviewed old records of the patient.
11. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Encounter for fitting and adjustment of unspecified left artificial arm (ICD10:Z44.002 Encounter for fitting and adjustment of unspecified left artificial arm) Unknown or N/A	Active	2016-05-12	
Vitamin D deficiency, unspecified (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2016-04-25	
Obstructive and reflux uropathy, unspecified (ICD10:N13.9 Obstructive and reflux uropathy, unspecified) Unknown or N/A	Active	2016-04-25	
Cellulitis, unspecified (ICD10:L03.90 Cellulitis, unspecified) Unknown or N/A	Active	2016-03-29	

Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-03-01
Dry mouth, unspecified (ICD10:R68.2 Dry mouth, unspecified) Unknown or N/A	Active	2016-01-25
Bed confinement status (ICD10:Z74.01 Bed confinement status) Unknown or N/A	Active	2016-01-13
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-01-13
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2015-12-18
Sleep apnea, unspecified (ICD10:G47.30 Sleep apnea, unspecified) Unknown or N/A	Active	2015-12-18
Edema, unspecified (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-11-16
Other specific arthropathies, not elsewhere classified, unspecified site (ICD10:M12.80 Other specific arthropathies, not elsewhere classified, unspecified site) Unknown or N/A	Active	2015-11-16
Encounter for fitting and adjustment of urinary device (ICD10:Z46.6 Encounter for fitting and adjustment of urinary device) Unknown or N/A	Active	2015-11-14
Mixed incontinence (ICD10:N39.46 Mixed incontinence) Unknown or N/A	Active	2015-11-14
Dependence on supplemental oxygen (ICD10:Z99.81 Dependence on supplemental oxygen) Unknown or N/A	Active	2015-11-14
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Apnea (ICD10:R06.81 Apnea, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01
Neurogenic bladder NOS (ICD10:N31.9 Neuromuscular dysfunction of bladder, unspecified) Unknown or N/A	Active	2015-10-01
Other diseases of lung, not elsewhere classified (ICD10:J98.4 Other disorders of lung) 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
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Cellulitis and abscess of trunk (ICD10:L03.319 Cellulitis of trunk, unspecified) 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
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01

Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) 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
C-Section in 1989 Unknown or N/A	Active		
Intubated x2 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Lucent Home Health, LLC

Primary Justification Medical Conditions: Asthma,COPD

Additional Medical Conditions: Obesity and sleep apnea.

Nursing Required: YES

Physical Therapy: YES

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: SN needed due to uncontrolled COPD, bed bound, and educating on medication adherence.

Certification Statement: Patient is bed bound and is unable to leave home due to COPD and uncontrollable coughing and extreme SOB. Patient is on home oxygen 3L via nasal cannula continuously. Patient uses CPAP nightly and is in need of continuous moisturizer due to dryness.

Signed by (NP): 16

Signed On (NP): 2016-07-19 05:37

Signed By (Physician): 18

Signed on (Physician): 2016-07-25 05:37

Form_status: finalized

Procedure Order:

Patient ID	5856	Order ID	735
Patient Name	Tyndall, Vicky	Ordered By	Love-Jones, Derrick
Order Date	2016-09-09	Print Date	2016-09-09
Order Status	complete	Encounter Date	2016-09-09
Lab	.HH Agency	Specimen Type>	

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



Electronically Signed by **Sumana Ketha, MD** on **2016-07-25**.

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