

Bessie Rufus: Patient Information
Patient Record Number:5789

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: Bessie Rufus
External ID: 5789
DOB: 1928-05-02
Sex: Female
Marital Status: Widowed
User Defined: Should not schedule appointment on Tuesday
Patient Drive Folder: 214-375-9426 CALL THIS #

Address: 2715 Wilhurt Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Brenda (niece)
Emergency Contact: Vickie Derm (GD)
Emergency Phone: 190-359-3377
Home Phone: 469-867-5403
Mobile Phone: 214-375-9426
Street Address: 2715 Wilhurt Avenue
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-09-2016.
Additional Medical History: CAD and bradycardia..

Family History:

Last Recorded On: 10-09-2016.
Father: Father alive, complaints of COPD and ETOH abuse.
Mother: Mother deceased, complaints of TB..
Siblings: Sister died of COPD..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-09-2016.
Risk Factors: Pneumonia.
Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis.

Social History:

Last Recorded On: 10-09-2016.
Tobacco: Current every day smoker Chewing tobacco x10 years. **Status:** Current
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Other History: Influenza 2014 Pneumovax 2011.

Tests and Exams:

Last Recorded On: 10-09-2016.

Mammogram (>40yrs, Yearly) N/A done

Sigmoid/Colonoscopy N/A done

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1993-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2012-02-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 450480485A

Group Number :

Employer Name : Bessie Rufus

Copay :

Insured ID Number : 520164666

Group Number :

Employer Name : Bessie Rufus

Immunizations:

Bessie Rufus: Chief Complaint
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Seen by Darolyn Perkins
Seen on 31-March-2016

Chief Complaint Status:finalized

Follow up home visit for management of chronic obstructive pulmonary disease, hypertension, asthma, anxiety, hypothyroidism, heart failure, coronary artery disease, and bradycardia.

History of Present illness:

HPI Status:Finalized

Patient is an 87-year-old female in NAD with multiple chronic conditions of chronic obstructive pulmonary disease, hypertension, asthma, and anxiety. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-03-31	140	75	114.00	66.00	98.00	16.00	~	0.0	0.00

Review of Systems:

Neck:

Cardio/Stroke YES
Throat Pain YES
Heart Pain YES
Musc Stiffness YES
Muscle Pain YES

Physical Exam:

SKIN/EXTREMITIES:

Suprapubic, umbilical, inguinal, femoral, tibial, pedal pulses-Within Normal Limits .

ENT:

Soft Palate (Elevated, Intact, Normal Color, Normal Tone) Tongue (Normal Color, Normal Tone) Larynx (Normal Color, Normal Tone) Nasal Turbinates-Within Normal Limits .

ORAL:

Hard Palate (Normal Color, Normal Tone) Tongue (Normal Color, Normal Tone) .

RESP:

Respiratory (Normal Color, Normal Tone) .

GI:

Organsomegaly-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. 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 stable.

1. Continue current plan for chronic obstructive pulmonary disease.
2. Continue current plan for hypertension.
3. Continue current plan for asthma.
4. Continue current plan for anxiety.

5. Continue current plan for heart failure

No refills needed at this time.

Medical Problem:

Description	Status	Start Date	End Date
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	

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: Prosperity Health Services

Primary Justification Medical Conditions: Asthma,COPD,Heart_Disease,HTN,hyperlipidemia

Additional Medical Conditions:

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: patient is homebound due to debility. patient is weak with poor balance and at risk for falls.

Certification Statement: SN needed due to debility and inability to self medicate correctly

Signed by (NP): 302

Signed On (NP): 2016-03-31 00:05

Signed By (Physician): 18

Signed on (Physician): 2016-04-07 00:05

Form_status: finalized

Printed: NO

Printed on 09-Oct-2016 21:14:36 pm.