

Dorothy Standifer: Patient Information
Patient Record Number:6162

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 Standifer
External ID: 6162
DOB: 1947-10-27
Sex: Female
S.S.: 464705669
User Defined: Pt can't talk, We Need to text for communicating with her
genericval1: 469-258-5066

Address: 3550 E Overton Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 469-324-8174
Street Address: 3550 E Overton Rd
Apt/Suite/Other: 2305 Bldg 53

Past Medical History:

Last Recorded On: 10-01-2016.
Risk Factors: Arthritis,Chronic Pain,Heart Burn, Reflux.

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown..
Mother: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Current every day smoker Smokes daily. **Status:** Current
Alcohol: Drinks occasionally. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Seatbelt Use: Yes..
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Pets: None..

Tests and Exams:

Last Recorded On: 10-01-2016.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Normal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 464705669D
Group Number :
Employer Name : Dorothy Standifer

Immunizations:

Dorothy Standifer: Chief Complaint
Patient Record Number:6162

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Seen by Darolyn Perkins
Seen on 04-May-2016

Chief Complaint Status:finalized

New admit to services for the prevention and control of chronic conditions of hypertension, asthma, knee pain and reflux.

History of Present illness:

HPI Status:Finalized

Patient is a 68-year-old female in NAD with multiple chronic conditions of hypertension, asthma, knee pain and reflux. Patient says she experience shortness of breath because not having her medication. She denies chest pain, headaches or nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-04	168	97	164.00	64.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Neck:

~~Respiratory Dist~~ YES
~~Chronic Dist~~ YES
~~Acute Dist~~ YES
~~Acute Dist~~ YES
Musc Aches YES

Physical Exam:

GENRO:

~~Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .~~

ENT:

~~Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .~~

ENT:

~~Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .~~

NECK:

~~Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .~~

CV:

~~RRR-Within Normal Limits .~~

RESP:

~~Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .~~

GI:

~~Organo megaly-Within Normal Limits .~~

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

Plan Note:

Plan Note Status:Finalized

Continue with treatment and medication adherence. Labs ordered. Refill medication: Proair inhaler, nebulizer solution and BP medication. Prognosis is fair.

1. Hypertension, on medications.
2. Asthma, on neutralizers.
3. Knee pain, on pain medications.
4. Acid reflux, stable.

Medical Problem:

Description	Status	Start Date	End Date
Severe persistent asthma with status asthmaticus (ICD10:J45.52 Severe persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-05-06	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-06	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-06	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-06	
Mild intermittent asthma, uncomplicated (ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	Active	2016-05-04	
Pain in unspecified knee (ICD10:M25.569 Pain in unspecified knee) Unknown or N/A	Active	2016-05-04	
Acidosis (ICD10:E87.2 Acidosis) Unknown or N/A	Active	2016-05-04	

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: Promise Home Health,Inc

Primary Justification Medical Conditions: Asthma,Heart_Failure

Additional Medical Conditions: Knee pain and reflux

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: Skilled nursing needed due to chronic pain and uncontrolled hypertension and inability to self medicate correct.

Certification Statement: Patient is home bound due to chronic pain and uncontrolled hypertension. Patient experience weakness with poor balance and at increased risk for falls.

Signed by (NP): 302

Signed On (NP): 2016-05-04 04:41

Signed By (Physician): 18

Signed on (Physician): 2016-05-12 04:42

Form_status: finalized

Printed: NO

Printed on 01-Oct-2016 14:22:12 pm.