

**Carrie Herod: Patient Information**  
Patient Record Number:5946

**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:** Carrie Herod

**External ID:** 5946

**DOB:** 1928-12-01

**Sex:** Female

**S.S.:** 452-52-4397

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3UIFUWXM](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3UIFUWXM)

**Address:** 3928 Kingsford Ave

**City:** Dallas

**State:** Texas

**Postal Code:** 75227

**Country:** USA

**Guardian's Name:** Serrial Pattrick

**Emergency Phone:** 469-328-6558

**Home Phone:** 214-275-3990

**Street Address:** 3928 Kingsford Ave

**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 07-22-2016.

**Father:** Father died of enlarged heart..

**Mother:** Mother died of unknown cancer..

**Siblings:** One brother died of unknown disease, one sister died of unknown cancer, and two sisters are alive..

**Offspring:** Patient has four boys and three girls..

## Social History:

**Last Recorded On:** 07-22-2016.

**Tobacco:** Never smoker No smoking. **Status:** Never

**Coffee:** Drinks one cup a day. **Status:** Current

**Alcohol:** No alcohol use. **Status:** Never

**Recreational Drugs:** No drug abuse. **Status:** Never

**Counseling:**

**Exercise Patterns:**

**Hazardous Activities:**

**Nutrition History:** Regular.

**Developmental History:** Well.

**Other History:** Pneumonia in 2015 (appointment)Denies flu shot.

## Tests and Exams:

**Last Recorded On:** 07-22-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 1993-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2015-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 452524397A  
**Group Number :**  
**Employer Name :** Carrie Herod  
**Copay :**  
**Insured ID Number :** 452524397A  
**Group Number :**  
**Employer Name :** Carrie Herod  
**Copay :**  
**Insured ID Number :** 507742107  
**Group Number :**  
**Employer Name :** Carrie Herod

**Immunizations:**

**Carrie Herod: Chief Complaint**  
Patient Record Number:5946

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**Seen by** Derrick Love-Jones  
**Seen on** 06-July-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of chronic pain, hyperlipidemia, vitamin-d deficiency, hypertension, gastroesophageal reflux disease, depression, insomnia, diabetes mellitus type-2, osteoarthritis, debility, neuropathy, and iron anemia. Patient complains of pain in her knees and hands.

**History of Present illness:**

**HPI Status:**Finalized

An 87-year-old AA female in NAD with multiple chronic conditions of hyperlipidemia, hypertension, depression, diabetes mellitus type-2, and osteoarthritis. Patient complains of pain in knees and hands. Patient rates pain at 6/10, and is relieved with current pain medications. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, nausea or vomiting recently. Reviewed labs. Reviewed medications.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-06	142	65	260.00	66.00	97.80	20.00	~	42.0	0.00

## Review of Systems:

**Constitutional:**

**Cellular Biology and Pathology:**

No Abdominal Distension  
No Epigastric Tenderness  
No Bowel Sounds  
No Diarrhea  
No Hematochezia  
No Melena  
No Nausea  
No Vomiting  
No Constipation  
No Dysphagia  
No Odynophagia  
No Hematemesis  
No Hematuria  
No Urinary Retention  
No Hemiparesis  
No Hemiplegia  
No Homonymous Hemianopia  
No Heteronymous Hemianopia  
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No Homonymous Hemianopia  
No Heteronymous Hemianopia

### Physical Exam:

**SECRET**

**Overall Daily KC Impaired Normal - Within Normal Limits .**

**EXTREMITIES:**

**Supernasal Septum-Prominent, Deviated to the Right, Lungs-pink, Bilateral Nasal Turbinates-Within Normal Limits .**

**CV:**

**RR-White Nominal Limits**

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-07-18	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-13
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-23
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 12, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-17
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-16
TraMADol HCl ,50 MG TABS, TAKE ONE (1) TABLET BY MOUTH TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-16
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-27
Aspirin ,325 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-01
Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
Omega-3-acid Ethyl Esters ,1 GM CAPS, TAKE 2 CAPSULES BY MOUTH TWICE DAILY, Quantity: 120, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
Glimepiride ,4 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-21
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04

Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-02
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-02
Amitriptyline HCl ,75 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-31
Atorvastatin Calcium ,10 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-31
Amitriptyline HCl ,75 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Atorvastatin Calcium ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Omega-3-acid Ethyl Esters ,1 GM CAPS, 2 cap BID - liquid form, Quantity: 120, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

TraZODone HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

## Plan Note:

### Plan Note Status:Finalized

1. Osteoarthritis with chronic pain continue current plan, on PT/OT.
2. Diabetes mellitus type 2 with neuropathy, controlled with medications.
3. Depression, continue current plan.
4. Chronic pain syndrome, on pain medication.
5. Neuropathy, on Gabapentin.
6. Abnormal gait, continue to monitor.
7. Gastroesophageal reflux disease, continue current plan.
8. Hyperglycemia, continue current plan.
9. Hypertension vascular complications, educated the patient to have low-fat, low-salt, and low-cholesterol diet and exercise.
10. Medication refills as follows; Norco 7.5/325 mg t.i.d., Amlodipine 10 mg q.d., Gabapentin 100mg q.h.s.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with hyperglycemia ( ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-10	
Complex regional pain syndrome I of other specified site ( ICD10:G90.59 Complex regional pain syndrome I of other specified site) Unknown or N/A	Active	2015-10-10	
Tachycardia, unspecified ( ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-10	
Anemia, unspecified ( ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-05	
Major depressive disorder, single episode, severe with psychotic features ( ICD10:F32.3 Major depressive disorder, single episode, severe with psychotic features) Unknown or N/A	Active	2015-10-05	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-05	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-05	
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05	
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	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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
Osteoarthritis, localized, primary, lower leg ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Abnormality of gait ( ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes ( ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Esophageal reflux ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Knee surgery - 09/2014 Unknown or N/A	Active		
C-section 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:** Bonyl Healhtcare Services, Inc.

**Primary Justification Medical Conditions:** Anemia,Depression,diabetes,hyperlipidemia,HTN

**Additional Medical Conditions:** Chronic pain, vitamin-d deficiency, GERD, insomnia, debility, neuropathy.

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** SN needed due to debility and inability to self medicate currently

**Certification Statement:** Patient is home bound due to debility. Patient is unable to ambulate for more than few minutes or few feet without falling due to poor balance and extreme fatigue/weakness.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-06 04:26

**Signed By (Physician):** 18

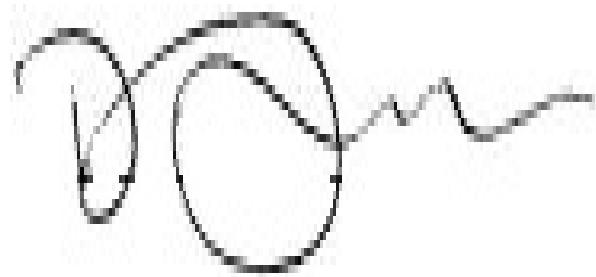
**Signed on (Physician):** 2016-07-13 04:27

**Form\_status:** finalized

## Procedure Order:

Patient ID	5946	Order ID	696
Patient Name	Herod, Carrie	Ordered By	Love-Jones, Derrick
Order Date	2016-09-03	Print Date	2016-09-03
Order Status	complete	Encounter Date	2016-09-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-03		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-12 at 15:34**.

Printed on 03-Sep-2016 14:02:26 pm.