

**Kay York: Patient Information**  
Patient Record Number:6187

**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:** Kay York  
**External ID:** 6187  
**DOB:** 1945-12-13  
**Sex:** Female  
**S.S.:** 452-92-1162  
**Patient Drive Folder:** 0B0x\_tbqdBDPhS1JsZUdLZEIxn1k

**Address:** 563 S Belt Line Rd  
**City:** Grand Prairie  
**State:** Texas  
**Postal Code:** 75051  
**Country:** USA  
**Guardian's Name:** Debra Alexandra (Niece)  
**Emergency Phone:** 972-815-9980  
**Mobile Phone:** 214-994-9692  
**Street Address:** 563 S Belt Line Rd  
**Apt/Suite/Other:** Building 14 Apt A

## Past Medical History:

**Last Recorded On:** 02-03-2017.  
**Risk Factors:** Chronic Pain,High Cholesterol,Gout,GERD,Lumbago.

## Family History:

**Last Recorded On:** 02-03-2017.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 02-03-2017.  
**Tobacco:** Current some day smoker Smokes daily. **Status:** Current  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Work Status:** Disabled.  
**Pets:** None..  
**Sexual History:** Not sexually active..

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2010-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-03-01  
**Relationship to Insured :**  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 452921162A  
**Group Number :**  
**Employer Name :** Kay York  
**Copay :**  
**Insured ID Number :** 504293081  
**Group Number :**  
**Employer Name :**

## **Immunizations:**

**Kay York: Chief Complaint**  
Patient Record Number:6187

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**Seen by Darolyn Perkins**  
**Seen on 28-December-2016**

**Chief Complaint Status:**finalized

Followup home visit to services for the prevention and control of chronic conditions of stroke, weakness, gout, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, and chronic pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 71-year-old female in no acute distress with multiple chronic conditions of stroke, weakness, gout, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, and chronic pain. Patient denies any chest pain, nausea, and headaches. Patient is having pain in her legs and back. No new issues upon examination. Pain is at 6/10 on pain scale.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-28	110	68	127.00	60.00	98.20	18.00		24.8	0.00

### Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan melalui air:**

**Group 1: Hypertension No Chest Pain**

**No. 5 Bath**

**No ~~Shedding~~ Ear Saring**

**NOTE: This is a sample response.**

No Intelligence Agency

**No Prostate Enzyme**

Limitation In Range Of Motion YES

### Physical Exam:

**SENRO:**

[illegible]

**FRISCH:**

**Strength of the Evidence: Weak, Low Quality, Grade IIb** (1 study, 10 patients) **Orientation: 3- Within Normal Limits** **Nasal Turbinates-Within Normal Limits.**

**ENT:**

Study	Age	Sex	Boils	Other	Normal	Normal Limits
1	10-14	M	10	5	15	10-20
2	15-19	F	8	3	11	5-15
3	20-24	M	12	7	19	10-25
4	25-29	F	9	4	13	8-18
5	30-34	M	11	6	17	12-22
6	35-39	F	7	2	9	4-14
7	40-44	M	13	8	21	15-27
8	45-49	F	6	1	7	3-11
9	50-54	M	14	9	23	18-28
10	55-59	F	5	0	5	2-8
11	60-64	M	16	10	26	20-32
12	65-69	F	4	0	4	1-7
13	70-74	M	17	11	28	22-34
14	75-79	F	3	0	3	0-6
15	80-84	M	18	12	30	24-36
16	85-89	F	2	0	2	0-5
17	90-94	M	19	13	32	26-38
18	95-99	F	1	0	1	0-4

**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 .

**Gl:**

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

Bowel Sounds present in all four quadrants-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
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Lactulose ,10 GM/15ML SOLN, 30 ML TID PRN, Quantity: 1, Refill Quantity: 5 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-28
Amoxicillin ,500 MG CAPS, 1 CAPSULE 3 TIMES PER DAY UNTIL GONE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-28
Oxybutynin Chloride ,5 MG TABS, TAKE 1 TABLET BY ORAL ROUTE 2 TIMES A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-12-23
Oxybutynin Chloride ,5 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-20
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-19
Pantoprazole Sodium ,40 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-19
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-19
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE ONE TABLET POSTED EVERY 6 HOURS AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-08

## Plan Note:

### Plan Note Status:Finalized

Continue current treatment plan and medication adherence. 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 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Stroke, continue on medications.
2. Gout, continue on medications.
3. Chronic pain, continue pain medications.
4. Chronic obstructive pulmonary disease, on nebulizers.
5. Hyperlipidemia, check lipid profile.
6. Hypertension, educated on low salt, and low cholesterol intake.

Medication refill is Norco.

## Medical Problem:

Description	Status	Start Date	End Date
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Other specified arthritis, right shoulder ( ICD10:M13.811 Other specified arthritis, right shoulder) Unknown or N/A	Active	2016-09-28
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-28
Primary pulmonary hypertension ( ICD10:I27.0 Primary pulmonary hypertension) Unknown or N/A	Active	2016-09-28
Encounter for general adult medical examination without abnormal findings ( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-07-20
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-13
Lipoid dermatoarthritis ( ICD10:E78.81 Lipoid dermatoarthritis) Unknown or N/A	Active	2016-05-31
Other abnormalities of gait and mobility ( ICD10:R26.89 Other abnormalities of gait and mobility) Unknown or N/A	Active	2016-05-31
Encounter for other specified aftercare ( ICD10:Z51.89 Encounter for other specified aftercare) Unknown or N/A	Active	2016-05-31
Other specified arthritis, multiple sites ( ICD10:M13.89 Other specified arthritis, multiple sites) Unknown or N/A	Active	2016-05-31
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-05-31
Mood disorder due to known physiological condition with major depressive-like episode ( ICD10:F06.32 Mood disorder due to known physiological condition with major depressive-like episode) Unknown or N/A	Active	2016-05-31
Cerebral infarction, unspecified ( ICD10:I63.9 Cerebral infarction, unspecified) Unknown or N/A	Active	2016-05-19
Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-05-19
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-19
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-05-19
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-05-19
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-05-19
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-19

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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:** Divine Edge Health Services

**Primary Justification Medical Conditions:** Mobility\_Impairments,hyperlipidemia,Stroke,HTN,COPD

**Additional Medical Conditions:**

**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:** Skilled nursing needed due to multiple complex diseases and patient lack of knowledge of the disease process and how to manage it and medications. Skilled nursing needed to assess and observe patient's condition and medication administration.

**Certification Statement:** Patient is home bound due to fatigue, weakness, shortness of breath upon exertion, poor balance and abnormal gait which places patient at risk for falls.

**Signed by (NP):** 302

**Signed On (NP):** 2017-01-04 02:48

**Signed By (Physician):** 18

**Signed on (Physician):** 2017-01-11 02:48

**Form\_status:** finalized



Electronically Signed by **Darolyn Perkins** on **2017-01-04 at 00:16**.

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