

Jeri Stephens: Patient Information
Patient Record Number:6346

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Jeri Stephens
External ID: 6346
DOB: 1953-07-21
Sex: Female
S.S.: 451063043
User Defined: 07/21/1953

Address: 1425 Leicester St
City: Garland
State: Texas
Postal Code: 75044
Country: USA
Home Phone: 972-414-4616
Mobile Phone: 214-460-4653 Wrong#
Street Address: 1425 Leicester St
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-16-2016.
Father: Father deceased of myocardial infarction..
Mother: Mother deceased of chronic obstructive pulmonary disease. .
Siblings: None..
Offspring: None..

Social History:

Last Recorded On: 12-16-2016.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular. .
Developmental History: School education..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2013-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 451063043A
Group Number :
Employer Name : Jeri Stephens

Immunizations:

Jeri Stephens: Chief Complaint
Patient Record Number:6346

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Seen by Derrick Love-Jones
Seen on 07-November-2016

Chief Complaint Status:finalized

New patient admit to prevent further decline of the following chronic medical conditions of diabetes mellitus type 2, hypotension, memory loss, dementia, paraplegia, urostomy, and colostomy. Patient complains of increased memory loss.

History of Present illness:

HPI Status:Finalized

A 63-year-old Caucasian female with multiple chronic conditions of the following of diabetes mellitus type 2, hypotension, memory loss, dementia, paraplegia, urostomy, and colostomy. Patient and her caregiver states that she has been having increased memory loss. Patient is a paraplegia due to late effect Radiology plexopathy and is bed-bound. Patient has had numerous surgeries due to her current condition. Patient has a urostomy and a colostomy from her current condition. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-07	105	50	164.00	63.00	97.40	16.00	~	29.0	0.00

Review of Systems:

Constitutional:

General:
No Weight Loss
No Fever
No Chills
No Night Sweats
No Fatigue
No Anorexia
No Constipation

Physical Exam:

HEENT:
No Tachycardia, No Bradycardia, No Hypertension, No Hypotension, No Tachypnea, No Bradypnea, No Dyspnea, No Orthopnea, No Nocturia, No Denopathy-Within Normal Limits .

ABRO:
No Tachycardia, No Bradycardia, No Hypertension, No Hypotension, No Tachypnea, No Bradypnea, No Dyspnea, No Orthopnea, No Nocturia, No Denopathy-Within Normal Limits .

PSYCH:
No Tachycardia, No Bradycardia, No Hypertension, No Hypotension, No Tachypnea, No Bradypnea, No Dyspnea, No Orthopnea, No Nocturia, No Denopathy-Within Normal Limits .

RESP:
No Tachycardia, No Bradycardia, No Hypertension, No Hypotension, No Tachypnea, No Bradypnea, No Dyspnea, No Orthopnea, No Nocturia, No Denopathy-Within Normal Limits .

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

Plan Note:

Plan Note Status:Finalized

Do you same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Full set of labs ordered. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Diabetes mellitus type 2, continue current plan.
2. Dementia, continue current plan.
3. Memory loss, continue to monitor.
4. Hypothyroidism, continue current plan.
5. Paraplegia, continue to monitor.
6. Hypotension, continue to monitor.
7. Urostomy, continue to monitor.
8. Colostomy, continue to monitor.

Medication refills as follows:

Namenda XR q.d.
 Fluconazole 200 mg q.d.
 Lantus 6 units q.d.
 Novolog Flexpen sliding scale.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-11-07	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-11-07	
Other amnesia (ICD10:R41.3 Other amnesia) Unknown or N/A	Active	2016-11-07	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-11-07	

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		
Cipro Unknown or N/A	Active		
Valium Unknown or N/A	Active		
Iodine 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:

Primary Justification Medical Conditions: Mobility_Impairments,Spinal_Cord_Injury,Senile Dementia,diabetes

Additional Medical Conditions: Hypotension, Memory Loss, Paraplegia

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to paraplegia.

Certification Statement: Skilled nursing needed due to paraplegia and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-11-07 01:56

Signed By (Physician): 18

Signed on (Physician): 2016-11-14 01:56

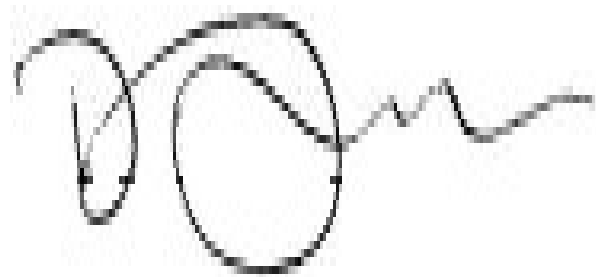
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6346	Order ID	1131
Patient Name	Stephens, Jeri	Ordered By	Love-Jones, Derrick
Order Date	2016-12-17	Print Date	2016-12-17
Order Status	complete	Encounter Date	2016-12-17
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-17		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending from the end.

Electronically Signed by **Derrick Love-Jones** on **2016-11-14**.

Printed on 17-Dec-2016 13:42:44 pm.