

Jewel Brown: Patient Information
Patient Record Number:1221

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: Jewel Brown
External ID: 1221
DOB: 1943-08-09
Sex: Female
S.S.: 458-48-6775
Marital Status: Divorced
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NVg2cTBvNVJNc1U>

Address: 11760 Ferguson Rd #1003 buliding A
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Home Phone: 214-916-8861
Mobile Phone: 469-285-8077
User Email: jbrown@gmail.com
Street Address: 11760 Ferguson Rd
Apt/Suite/Other: 1003 buliding A

Past Medical History:

Last Recorded On: 07-26-2016.
Risk Factors: Gout,Lumbago.
Additional Medical History: Allergic rhinitis, cardiomyopathy..

Family History:

Last Recorded On: 07-26-2016.
Father: Father had heart disease and liver cirrhosis..
Mother: Mother had HTN, CHF, and history of cancer..
Offspring: Two children..

Primary Family Med Conditions:

Last Recorded On: 07-26-2016.
Chronic Conditions: Heart Failure,Hypertension.
Chronic Body System Category: Diseases of the circulatory system ,Diseases of the digestive system .

Social History:

Last Recorded On: 07-26-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well.
Other History: Education level is 11th grade. Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-26-2016.

PT/INR (if no HH) Abnormal Done on 08/31/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

Vitamin D (6 mo if on pills) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

Mammogram (>40yrs, Yearly) N/A Done on 2011.

Sigmoid/Colonoscopy N/A Done

PAP Smear N/A Done on 2011.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2008-08-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2016-03-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2011-02-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Secondary

Start Date : 2012-12-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 458486775D6

Group Number :

Employer Name : Jewel Brown

Copay :

Insured ID Number : 458486775D6

Group Number :

Employer Name : Jewel Brown

Copay :

Insured ID Number : 523789206

Group Number :

Employer Name : Jewel Brown

Copay :

Insured ID Number : 523789206

Group Number :

Employer Name : Jewel Brown

Immunizations:

Jewel Brown: Chief Complaint
Patient Record Number:1221

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Seen by Derrick Love-Jones
Seen on 14-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of schizophrenia, osteoarthritis, insomnia, cough, chronic pain, cataract, sleep apnea, allergic rhinitis, hyperlipidemia, diabetes-2, hypertension, atrial fibrillation, backache, chest pain, asthma, urinary incontinence, gout, bronchitis, convulsions, depression, and cardiomegaly. Patient complains of pain in lower back.

History of Present illness:

HPI Status:Finalized

An 72-year-old AA female in NAD with multiple chronic conditions of schizophrenia, osteoarthritis, insomnia, chronic pain, cataract, sleep apnea, allergic rhinitis, hyperlipidemia, diabetes-2, hypertension, atrial fibrillation, urinary incontinence, backache, chest pain, asthma, gout, bronchitis, convulsions, depression and cardiomegaly. Patient continues to complain that she has chronic lower back pain that radiates down her right leg. Patient rates pain 8/10. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-14	140	88	270.00	61.00	97.60	20.00	~	51.0	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Change
No Fatigue
No Fever
No Chills
No Night Sweats
No Change In Range Of Motion
No Change In Appetite
No Change In Bowel
No Bleeding Gums
No Bleeding
No Obstruction
No Use Of Dentures

Physical Exam:

HEENT:

Oral cavity, tongue, throat, and larynx - Within Normal Limits .

HEENT:

Oral cavity, tongue, throat, and larynx - Within Normal Limits .

CV:

Heart - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Lumbago with sciatica, continue medications.
2. Congestive heart failure with systolic complications, monitor.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue pain medications.
5. Gout, continue medications.
6. Depression, well controlled with medications.

7. Schizophrenia, monitor.
8. Chronic obstructive pulmonary disease/asthma, continue nebulizers.
9. Hyperlipidemia, check lipids.
10. Insomnia, on medications.
11. Insomnia, continue current medications.
12. Sleep apnea, continue current plan.
13. No medication refills needed this visit.
14. Medication adherence was given to the patient. Continue treatment as planned.
15. 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.
16. Reviewed old records of the patient.
17. Follow up appointment in 4-6 weeks.

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

Primary Justification Medical Conditions: Asthma,Cataract,Depression,diabetes,Heart_Failure,HTN,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to schizophrenia, asthma and inability to self medicate correctly.

Certification Statement: Patient is home bound due to asthma and schizophrenia. Patient experiences confusion and shortness of breath and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-07-14 09:49

Signed By (Physician): 18

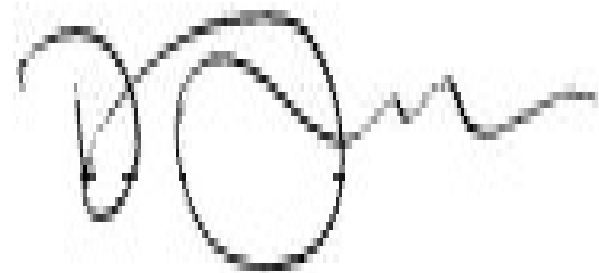
Signed on (Physician): 2016-07-20 09:49

Form_status: finalized

Procedure Order:

Patient ID	1221	Order ID	722
Patient Name	Brown, Jewel	Ordered By	Love-Jones, Derrick
Order Date	2016-08-17	Print Date	2016-08-17
Order Status	complete	Encounter Date	2016-08-17
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-17		Final ✓		0097	Pulse Oximetry	No	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-20**.

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