

Shirley Harrell: Patient Information
Patient Record Number:6144

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: Shirley Harrell
External ID: 6144
DOB: 1964-04-24
Sex: Female

Address: 3264 Persimmon Rd,Bldg#8
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Home Phone: 214-760-0995
Work Phone: 214-477-4353
Mobile Phone: 214-372-1106
Street Address: 3264 Persimmon Rd
Apt/Suite/Other: 1123

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Chronic Pain,Dyspnea,Heart Burn, Reflux,GERD,Neuropathy,Pneumonia.

Family History:

Last Recorded On: 07-14-2016.
Father: Father has hypertension and diabetes. .
Mother: Diabetes..

Social History:

Last Recorded On: 07-14-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Work Status: Disabled.
Pets: None..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 503079780
Group Number :
Employer Name : Shirley Harrell

Immunizations:

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Followup home visit to services for the prevention and control of chronic conditions of diabetes 2, hypertension, anxiety, chronic pain, asthma, neuropathy, gastroesophageal reflux disease, heart disease, and vitamin D deficit. Patient complains of back and leg pain.

Description	Status	Start Date	End Date
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Blood Glucose Monitor System ,w/Device KIT, USE AS DIRECTED,
Quantity: 1, Refill Quantity: 0
Unknown or N/A
by ketha, Dr sumana - BK6230281
Texas Physician House Calls

Active

2016-06-29

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the 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. Patient encouraged to exercise daily as tolerated and not sit in her wheelchair all day. No labs needed this visit. Reviewed current labs with patient. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Diabetes mellitus type 2 with neuropathy, continue current plan.
6. Anxiety, continue current plan.
7. Peripheral vascular disease, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows:

Xanax 0.5 mg t.i.d.

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-02	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-02	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-02	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-02	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-02	
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-25	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-11	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-11	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-04-11	
Morbid (severe) obesity due to excess calories (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-04-11	

Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-11
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-11
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-11

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: NO

Next Visit Duration (in days): 31

Current home health agency: Calvary Healthcare Inc

Primary Justification Medical Conditions: Asthma,COPD,Depression,diabetes,HTN,Heart_Disease,Mobility_Impairments

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 asthma and mobility impairment.

Certification Statement: Patient is home bound due to asthma and mobility impairment. Patient experience shortness of breath with ambulation and is weak with poor balance which places patient at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-08-02 05:12

Signed By (Physician): 18

Signed on (Physician): 2016-08-09 05:12

Form_status: finalized

Procedure Order:

Patient ID	6144	Order ID	790
Patient Name	Harrell, Shirley	Ordered By	Love-Jones, Derrick
Order Date	2016-09-09	Print Date	2016-09-09
Order Status	complete	Encounter Date	2016-09-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-08-09**.

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