Lonnie Stanton: Patient Information

Patient Record Number: 2787

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

Name: Lonnie Stanton External ID: 2787 **DOB**: 1933-06-14 Sex: Female S.S.: 449-48-6820

User Defined: 214-356-1979 genericval1: 214-226-3050

Address: 4701 Wads Worth Dr

City: Dallas State: Texas

Postal Code: 75216-7338

Country: USA

Emergency Phone: 214-690-9615 Home Phone: 214-226-3050 Work Phone: 214-374-0321 Mobile Phone: 214-356-1979 Street Address: 4701 Wads Worth Dr

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 12-24-2016.

Risk Factors: GERD.

Additional Medical History: Parkinson's disease, coronary artery disease with history of myocardial infarction, hypertensive

heart disease..

Family History:

Last Recorded On: 12-24-2016.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown...

Primary Family Med Conditions:

Last Recorded On: 12-24-2016. Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 12-24-2016.

Tobacco: Never smoker No smoking Status: Never

Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular.. Developmental History: Good..

Other History: Patient lives at home and takes help of family...

Tests and Exams:

Last Recorded On: 12-24-2016.

Vitamin D (6 mo if on pills) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr.

Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1998-06-01 Relationship to Insured: Self Type: N/A

Payer : Medicare B Texas (SMTX0) **Priority:** Secondary

Start Date: 2016-10-01 Relationship to Insured: Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 449304894D

Group Number:

Employer Name : Lonnie Stanton

Copay:

Insured ID Number: 614636361

Group Number: Employer Name :

Immunizations:

Lonnie Stanton: Chief Complaint Patient Record Number:2787

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> Seen by Derrick Love-Jones Seen on 01-November-2016

Chief Complaint Status: finalized

Follow up home visit for management of hypertension, chronic pain, gastroesophageal reflux disease, hyperlipidemia, osteoarthritis, decubitus on coccyx, and cerebrovascular accident. Patient complains of knee and shoulder pain.

History of Present illness:

HPI Status:Finalized

Patient is an 83-year-old African American female with multiple chronic conditions of hypertension, gastroesophageal reflux disease, osteoarthritis, and decubitus on coccyx. Patient complain of pain in knees and shoulder s. Patient rates her current pain at 7/10. Patient does get relief from current OTC medication. Patient denies chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-01	125	67	124.00	65.00	97.80	16.00	~	20.6	0.00

Review of Systems:

Constitutional:

MetalthChanget:

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Mc Baid Diffe sence

No Skinning isotella depositiste

No Blæshlessa

NoyOesssty/Ession

Itching YES

Physical Exam:

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ENTREMITIES:

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Streplet/T-hyltomoregalyLitCratsoBetotf the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

NECKO:

RibyssialoGiuralatuoeaTizingeFinesisageVitWithIntoNoethlainbiitsnits.

ESYCH:

Remativatified Not metal entreits and Mood, Alert and Oriented X3-Within Normal Limits.

RESP:

Patient Chepre Real Exp For the Michigan Hebre de de le Mithin Normal Limits.

GI:

Ogrganomegoly-Within Normal Limits .

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

Medication:

Description	Status Start I	Date End Date	

Simvastatin ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONCE A		
DAY, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-11-02
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS		
DIRECTED, Quantity: 90, Refill Quantity: 1 Unknown or N/A	Active	2016-09-30
by Jones, Derrick - MJ3217331	7.070	2510 00 00
Texas Physician House Calls		
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE		
WEEKLY, Quantity: 13, Refill Quantity: 1		
Unknown or N/A	Active	2016-09-30
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Carbidopa-Levodopa ,25-100 MG TABS, TAKE ONE TABLET BY		
MOUTH 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3		
Unknown or N/A	Active	2016-09-08
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Lisinopril ,10 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-07-20
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Simvastatin ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONE TIME		
DAILY, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-07
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET BY MOUTH		
DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A	Active	2016-07-05
by ketha, Dr sumana - BK6230281	Active	2010-07-03
DFW Primary Care PLLC		
Simvastatin ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONCE A		
DAY, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-05
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-07-05
Unknown or N/A	Active	2016-07-05
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Carbidopa-Levodopa ,25-100 MG TABS, TAKE 2 TABLET 3 TIMES	Active	2016-07-05
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Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 2		
Unknown or N/A	Active	2015-05-27
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
·		
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2		
Unknown or N/A	Active	2015-05-27
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE		
WEEKLY, Quantity: 13, Refill Quantity: 3		
Unknown or N/A	Active	2015-05-27
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
·		
Carbidopa-Levodopa ,25-100 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2015-05-18
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY,		
Quantity: 30, Refill Quantity: 0	Author	0045 05 40
Unknown or N/A	Active	2015-05-18
by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
Isosorbide Mononitrate ER .60 MG TB24, TAKE 1 TABLET BY MOUTH		
EVERY DAY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2015-05-18
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Simvastatin ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONE TIME		
DAILY, Quantity: 30, Refill Quantity: 2	Anthor	0045.05.40
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2015-05-18
Sumana Ketha MDPA		
AmLODIPine Besylate ,2.5 MG TABS, TAKE 1 TABLET TWICE DAILY		
AS DIRECTED, Quantity: 60, Refill Quantity: 2		
Unknown or N/A	Active	2015-02-26
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Isosorbide Mononitrate ER ,60 MG TB24, TAKE 1 TABLET BY MOUTH		
EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A	Active	2015-02-26
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 2		
Unknown or N/A	Active	2015-02-26
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
·		
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2		
Unknown or N/A	Active	2015-02-26
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH		
DAILY, Quantity: 90, Refill Quantity: 0	Active	2015-02-26
Unknown or N/A by Jones, Derrick - MJ3217331	, would	2010 02 20
Texas Physician House Calls		
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE		
WEEKLY, Quantity: 13, Refill Quantity: 3		
Unknown or N/A	Active	2015-02-26
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Isosorbide Mononitrate ER ,60 MG TB24, TAKE 1 TABLET BY MOUTH		
EVERY DAY, Quantity: 30, Refill Quantity: 2	Active	2015-02-23
Unknown or N/A by ketha, Dr sumana - BK6230281	, 10070	2010 02 20
Texas Physician House Calls		

Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill
Quantity: 2
Unknown or N/A
by ketha, Dr sumana - BK6230281
Texas Physician House Calls

Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE
WEEKLY, Quantity: 13, Refill Quantity: 3
Unknown or N/A
by ketha, Dr sumana - BK6230281
Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue with treatment plan as previous, 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. No labs need it this visit. 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. Alzheimer's disease, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Gastroesophageal reflux disease, continue current plan.
- 6. Cerebrovascular effects, continue to monitor.
- 7. Depression, continue current plan.
- 8. Vitamin D deficiency, continue current plan.
- 9. Hyperlipidemia, continue current plan.

Medication refills as follows: Isosorbide 60 mg q.d. Vitamin D 50,000 units 1 tab weekly. Pantrazole 40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic ischemic heart disease, unspecified (ICD10:l25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	

Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01
Muscular wasting and disuse atrophy, not elsewhere classified (ICD10:M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Other malaise and fatigue (ICD10:R53.81 Other malaise) (ICD10:R53.83 Other fatigue) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Impacted cerumen (ICD10:H61.23 Impacted cerumen, bilateral) Unknown or N/A	Active	2015-10-01
Pain in joint, shoulder region (ICD10:M25.519 Pain in unspecified shoulder) Unknown or N/A	Active	2015-10-01
Contracture of joint, other specified sites (ICD10:M24.50 Contracture, unspecified joint) Unknown or N/A	Active	2015-10-01

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: Naaman Community Health Services

Primary Justification Medical Conditions: Alzheimers, Depression, Heart_Failure, HTN, hyperlipidemia, Mobility_Impairments

Additional Medical Conditions:

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skill nursing needed due to bed bound.

Certification Statement: Patient is home bound due to being bed bound and CVA. Patient is weak with poor balance and at risk

for fall

Signed by (NP): 16

Signed On (NP): 2016-11-01 03:22 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-08 03:22

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Probe Covers (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Hospital bed (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Exam Gloves (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Chux/underpads (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Hoyer lift (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	

Procedure Order:

Patient ID	2787	Order ID	1287
Patient Name	Stanton, Lonnie	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-08**.

Printed on 25-Dec-2016 11:30:30 am.