

<p>Ruth McCoy: Patient Information</p> <p>Patient Record Number:6285</p>	<p>Texas Physician House Calls (THC)</p> <p>2925 Skyway Circle North, Irving, TX, USA, 75038-3510</p> <p>www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,</p> <p>Email:hhsupport@texashousecalls.com</p>
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Name: Ruth E Mccoy
External ID: 6285
DOB: 1951-06-06
Sex: Female
S.S.: 466929656
Marital Status: Single

Address: 1442 Carson St
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 214-694-3077
Street Address: 1442 Carson St
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-09-2016.
Father: Father died with cancer and hypertension..
Mother: Mother died with cancer and hypertension..
Siblings: Two brothers and two sisters are alive, and one brother is died..
Offspring: None..

Social History:

Last Recorded On: 10-09-2016.
Tobacco: Smokes 1/2 packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 12th grade..
Other History: No immunizations..

Tests and Exams:

[illegible]

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary	Copay :
Start Date : 2007-09-01	Insured ID Number : 466929656A
Relationship to Insured : Self	Group Number :
Type : N/A	Employer Name : Ruth Mccoy
Payer : Medicare B Texas (SMTX0)	

Copay :
Insured ID Number : 466929656A
Group Number :
Employer Name : Ruth Mccoy

Immunizations:

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Description	Status	Start Date	End Date
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Alendronate Sodium ,70 MG TABS, TAKE 1 TABLET ONCE WEEKLY, Quantity: 12, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05

Plan Note:

Plan Note Status:Finalized

Continue 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 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. Of labs of the following order: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. 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. Reviewed old records with the patient. Followup home visit in 2-3 weeks.

1. Lumbago with chronic pain continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Anxiety, continue current plan.
5. Osteoarthritis with chronic pain, continue current plan.
6. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

Amlodipine 10 mg q.d.
Lisinopril/HCTZ 20/12.5 mg q.d.
Xanax 0.5 mg b.i.d.
Omeprazole 40 mg q.d.
Norco 10/325 mg t.i.d.
Alendronate 70 mg 1 tab q. weekly.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-31	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-31	
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	2016-08-31	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-08-31	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-31	

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: NO

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: Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Anxiety, GERD, Chronic Pain Syndrome, Lumbago

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

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

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-08-31 04:17

Signed By (Physician): 18

Signed on (Physician): 2016-09-07 04:18

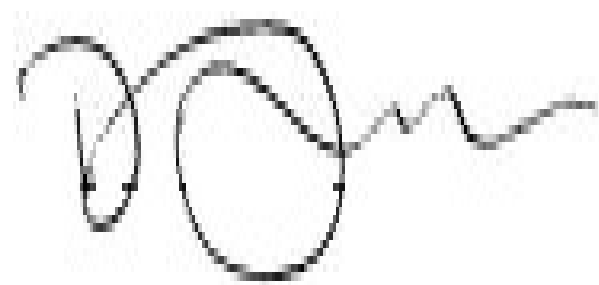
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6285	Order ID	974
Patient Name	Mccoy, Ruth E	Ordered By	Love-Jones, Derrick
Order Date	2016-10-09	Print Date	2016-10-09
Order Status	pending	Encounter Date	2016-10-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
007: CBC											



Electronically Signed by **Derrick Love-Jones** on **2016-09-07**.

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