**Delois Floyd: Patient Information** 

Patient Record Number:6056

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: Delois Floyd External ID: 6056 **DOB**: 1958-11-19 Sex: Female

Patient Drive Folder: 0B0x\_tbqdBDPhQ0dPc3Z6b3RoaUU

Address: 1321 Adelaide Dr

City: Dallas State: Texas Postal Code: 75216 Country: USA

Home Phone: 214-417-5644 Street Address: 1321 Adelaide Dr

Apt/Suite/Other: House

# **Family History:**

Last Recorded On: 01-21-2017.

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

# **Social History:**

Last Recorded On: 01-21-2017. Tobacco: No smoking Status: Never Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well..

Other History: Influenza November 2015..

# Insurance:

### **Medicare B Texas (SMTX0)**

**Priority:** Primary Start Date: 2012-08-01 Relationship to Insured : Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

**Priority:** Secondary Start Date: 2015-10-01 Relationship to Insured : Self

Type: N/A

Payer: BC/BS of Texas (SB900)

Copay:

Insured ID Number: 462213643A

**Group Number:** 

Employer Name: Delois Floyd

Copay :

Insured ID Number: R58882405

**Group Number:** 

Employer Name : Delois Floyd

## **Immunizations:**

**Delois Floyd: Chief Complaint** Patient Record Number:6056 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 09-November-2016

### Chief Complaint Status: finalized

Followup home visit to prevent further decline and management of chronic conditions of visual impairment, hypertension, depression, diabetes mellitus type 2, hypertension, neuropathy, seizures, and anxiety. Patient complains of pain in both feet.

# **History of Present illness:**

#### **HPI Status:**Finalized

Patient is a 57-year-old African-American female in no acute distress with multiple chronic conditions including diabetes, seizures, neuropathy, visual impairment, hypertension, depression, and diabetes. Patient states that she has been having numbness/tingling that is chronic in both her feet that is relieved with current medication. Patient rates her current pain at 6/10 today. Patient denies chest pain, headache, and nausea or vomiting recently.

#### Vitals:

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-11-09   | 112 | 69  | 172.00 | 64.00 | 97.60       | 16.00 | ~    | 29.5 | 0.00      |

# **Review of Systems:**

#### Constitutional:

**Split injulia ingat**unologic:

Bழ்ந்து இதிய்கள் Ablind No Change In Vision

**New York And Market** Sylve ating

Nox Lagrant Graiteunger

No Statements Throughterts ation

NecOOfFAD tideprassants YES

No Thought Content

## **Physical Exam:**

#### REEDAN-

Photogramming the photogrammin

#### **BXTCREMITIES:**

Experience of the second secon

## СУМРН:

Referon/Vialthiny (No arresals Linerojus i.e.d.)-Within Normal Limits .

#### MUSC:

Struemyth-Rivithsin Challonposel Withits Normal Limits.

ROM-Within Normal Limits .

### 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 patient and patient was 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. No labs needed this visit. 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 of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current plan.

- 2. Depression, continue current plan.
- 3. Diabetes mellitus with neuropathy, continue current plan.
- 4. Hyperlipidemia, continue current plan.
- 5. Chronic pain syndrome, continue current pain medications.
- 6. Neuropathy, continue current plan.
- 7. Epilepsy, continue current plan.
- 8. Anxiety, continue current plan.

No medication refills needed this visit.

## **Medical Problem:**

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A  | Active | 2015-11-27 |          |
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-11-27 |          |
| Other chronic pain<br>(ICD10:G89.29 Other chronic pain)<br>Unknown or N/A  | Active | 2015-11-27 |          |
| Essential (primary) hypertension ( ICD10:l10 Essential (primary) hypertension) Unknown or N/A  | Active | 2015-11-27 |          |
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-11-27 |          |
| Other chronic pain<br>(ICD10:G89.29 Other chronic pain)<br>Unknown or N/A  | Active | 2015-11-27 |          |
| Essential (primary) hypertension<br>( ICD10:l10 Essential (primary) hypertension)<br>Unknown or N/A  | Active | 2015-11-27 |          |
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-11-27 |          |

# **Allergies:**

| Description                               | Status | Start Date | End Date |  |
|---|--------|------------|----------|--|
| No known drug allergies<br>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: YES

Is House Visit Needed: YES Next Visit Duration (in days): 31 Current home health agency: Med global

Primary Justification Medical Conditions: blindness, Depression, diabetes, HTN

Additional Medical Conditions: Anxiety, neuropathy, seizures.

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: Skilled nursing needed due to seizures and visual impairment and inability to self

medicate

Certification Statement: Patient is home bound due to visual impairment and seizures. Patient is weak with poor balance and at

risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-11-09 03:02

Signed By (Physician): 18 Signed on (Physician): 2016-11-16 03:02 Form\_status: finalized

# **Procedure Order:**

| Patient ID   | 6056          | Order ID       | 1139                |
|--------------|---------------|----------------|---------------------|
| Patient Name | Floyd, Delois | Ordered By     | Love-Jones, Derrick |
| Order Date   | 2017-01-22    | Print Date     | 2017-01-22          |
| Order Status | complete      | Encounter Date | 2017-01-22          |
| 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 **Derrick Love-Jones** on **2016-11-16**.

Printed on 22-Jan-2017 20:56:59 pm.