

Yvonne Brigham: Patient Information
Patient Record Number:6276

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: Yvonne Brigham
External ID: 6276
DOB: 1952-09-23
Sex: Female
S.S.: 449209916
Marital Status: Single

Address: 13310 Audelia Rd
City: Dallas
State: Texas
Postal Code: 75243
Country: USA
Home Phone: 469-269-9367
Mobile Phone: 469-779-5601
Street Address: 13310 Audelia Rd
Apt/Suite/Other: 113

Family History:

Last Recorded On: 12-17-2016.
Father: Father died with colon cancer..
Mother: Mother died with coronary artery disease and hypertension..
Siblings: One brother is unknown..
Offspring: One son..

Social History:

Last Recorded On: 12-17-2016.
Tobacco: Former smoker Stopped two years ago. **Status:** Quit
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level 12th grade..
Other History: Influenza taken in 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1977-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 449209916C3
Group Number :
Employer Name : Yvonne Brigham

Immunizations:

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

Followup home visit to prevent further decline of the following chronic medical conditions of lumbago, insomnia, neuropathy, and chronic pain syndrome. Patient complains of back pain that radiates into her feet.

A 64-year-old African-American female in no acute distress seen for medical management of the following lumbago, insomnia, neuropathy, and chronic pain syndrome. Patient has no past surgical history, no recent hospitalizations and denies any allergies to food or any medications. Patient does state that she has a history of low back pain that radiates into her feet and she states that she had this pain since 2015 due to a motor vehicle accident. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea vomiting recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-10	163	75	181.00	64.00	98.20	18.00	~	31.1	0.00

[illegible]

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. Is understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with sciatica, continue current plan.
2. Insomnia, continue current plan.
3. Neuropathy, continue current plan.
4. Chronic pain syndrome, continue current pain medication.

Medication refills are,

Norco 7.5/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-09-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-01	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-01	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-01	

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: 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:

Additional Medical Conditions: Lumbago, Insomnia, Neuropathy and Chronic Pain Syndrome.

Nursing Required: NO

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

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): 302

Signed On (NP): 2016-11-10 00:29

Signed By (Physician): 18

Signed on (Physician): 2016-11-17 00:29

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-11-17**.

Printed on 17-Dec-2016 22:07:58 pm.