

Elvira Drennon: Patient Information
Patient Record Number:921

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: Elvira Drennon
External ID: 921
DOB: 1952-01-03
Sex: Female
S.S.: 461-90-0138
Marital Status: Single
User Defined: Lives with Cedric Green

Address: 2331 Kathleen Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-484-9157
Work Phone: 214-723-1390
Mobile Phone: 469-650-2992
Street Address: 2331 Kathleen Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-30-2016.
Father: Unknown..
Mother: Mother had cerebrovascular affects. .

Social History:

Last Recorded On: 10-30-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1991-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-03-19
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 461900138A
Group Number :
Employer Name : Elvira Drennon
Copay :
Insured ID Number : 519224256
Group Number :
Employer Name : Elvira Drennon

Immunizations:

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Follow-up home visit to prevent further decline of the following chronic medical conditions of cerebrovascular effects, anxiety, hypertension, depression, neuropathy, diabetes mellitus 2, and congestive heart failure. Patient complains of feet pain and her left big toe hurts.

A 64-year-old African-American female in NAD with multiple chronic conditions of the following cerebrovascular effects, anxiety, hypertension, depression, neuropathy, diabetes mellitus type 2 and congestive heart failure. Patient states that for several days her feet and the big toe on her left foot has been very painful. Patient denies any hypertensive episodes upon examination. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot check revealed no other issues. Patient denies any chest pain or nausea/vomiting upon examination. Reviewed labs. Reviewed medications.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-14	166	94	0.00	64.00	98.40	16.00	~	0.0	0.00

Description	Status	Start Date	End Date
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET 30 MINUTES BEFORE BREAKFAST DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-09-15	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT
BEDTIME, Quantity: 30, Refill Quantity: 0

Unknown or N/A

Active

2016-09-05

by Jones, Derrick - MJ3217331

Texas Physician House Calls

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 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 the 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. No labs needed this visit. Patient was given card with number to the office for any questions or concerns. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Gout, continue current plan.
2. Neuropathy, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Congestive heart failure with systolic complications, continue current plan.
7. Cerebrovascular effects, continue to monitor.
8. Peripheral vascular disease, continue current plan.
9. Anxiety, continue current plan.

Medication refills as follows:

Allopurinol 10 mg q.d.

Lisinopril 40 mg q.d.

Metformin 500 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-09-14	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-14	
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	2016-07-27	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-27	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-27	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27	
Hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2016-07-06	
Chronic combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-07-06	

Type 1 diabetes mellitus with diabetic polyneuropathy (ICD10:E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2016-07-06
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-07-06
Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Cerebrovascular effects. 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: LG Charity Home Health

Primary Justification Medical Conditions: diabetes,hyperlipidemia,HTN,Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,Stroke

Additional Medical Conditions: CHF, Wheelchair Bound, Depression, CVA Effects

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to mobility issues, wheelchair-bound, and inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-09-14 05:05

Signed By (Physician): 18

Signed on (Physician): 2016-09-21 05:05

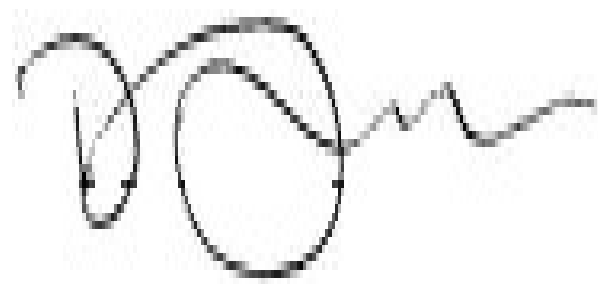
Form_status: finalized

Procedure Order:

Patient ID	921	Order ID	920
Patient Name	Drennon, Elvira	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

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

026: Pulse Oximetry	2016-10-30		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		
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A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-09-21**.

Printed on 30-Oct-2016 21:46:10 pm.