

Debra Paden: Patient Information
Patient Record Number:5588

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: Debra Paden
External ID: 5588
DOB: 1958-06-30
Sex: Female
S.S.: 449-26-5431
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NnNPUkUxb1RpTEE>

Address: 3200 South Lancaster Road
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Dennis (son)
Emergency Phone: 214-571-8160
Home Phone: 214-948-6534
Mobile Phone: 214-463-9088
Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 08-01-2016.
Risk Factors: Incontinence.
Additional Medical History: Vitamin deficiency, allergic rhinitis, and mild mental retardation..

Family History:

Last Recorded On: 08-01-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Patient has one son..

Primary Family Med Conditions:

Last Recorded On: 08-01-2016.
Risk Factors: Unknown.

Social History:

Last Recorded On: 08-01-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 08-01-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha
CBC Complete Blood Count (3 months) Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha
LIPIDS (once year unless chol meds) Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1978-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-10-08
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-11-22
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2014-03-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2014-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 449265431C3
Group Number :
Employer Name : Debra Paden
Copay :
Insured ID Number : 449265431C3
Group Number :
Employer Name : Debra Paden
Copay :
Insured ID Number : 423552801
Group Number :
Employer Name :
Copay :
Insured ID Number : 423552801
Group Number :
Employer Name : Debra Paden

Immunizations:

Debra Paden: Chief Complaint
Patient Record Number:5588

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Seen by Derrick Love-Jones
Seen on 22-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, mental retardation, chronic kidney disease 4, allergic rhinitis, depression, vitamin-D deficiency, urinary incontinence, dementia, diabetes mellitus, and hypertension. Patient complains that her legs and knees hurt.

History of Present illness:

HPI Status:Finalized

A 58-year-old African American female in NAD with multiple chronic conditions of osteoarthritis, mental retardation, chronic kidney disease 4, allergic rhinitis, depression, vitamin-D deficiency, urinary incontinence, dementia, diabetes mellitus, and hypertension. Patient states that she is not able to sleep through the night. Patient states that for the last 3-4 days her leg and knees have hurt. Patient states that her pain is worse when she first gets up and moving. Patient rates pain 7/10 today. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-22	105	60	178.00	61.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

CV:
 R2B2B3B4B5B6B7B8B9B10B11B12B13B14B15B16B17B18B19B20B21B22B23B24B25B26B27B28B29B30B31B32B33B34B35B36B37B38B39B40B41B42B43B44B45B46B47B48B49B50B51B52B53B54B55B56B57B58B59B60B61B62B63B64B65B66B67B68B69B70B71B72B73B74B75B76B77B78B79B80B81B82B83B84B85B86B87B88B89B90B91B92B93B94B95B96B97B98B99B100B101B102B103B104B105B106B107B108B109B110B111B112B113B114B115B116B117B118B119B120B121B122B123B124B125B126B127B128B129B130B131B132B133B134B135B136B137B138B139B140B141B142B143B144B145B146B147B148B149B150B151B152B153B154B155B156B157B158B159B160B161B162B163B164B165B166B167B168B169B170B171B172B173B174B175B176B177B178B179B180B181B182B183B184B185B186B187B188B189B190B191B192B193B194B195B196B197B198B199B200B201B202B203B204B205B206B207B208B209B210B211B212B213B214B215B216B217B218B219B220B221B222B223B224B225B226B227B228B229B230B231B232B233B234B235B236B237B238B239B240B241B242B243B244B245B246B247B248B249B250B251B252B253B254B255B256B257B258B259B260B261B262B263B264B265B266B267B268B269B270B271B272B273B274B275B276B277B278B279B280B281B282B283B284B285B286B287B288B289B290B291B292B293B294B295B296B297B298B299B300B301B302B303B304B305B306B307B308B309B310B311B312B313B314B315B316B317B318B319B320B321B322B323B324B325B326B327B328B329B330B331B332B333B334B335B336B337B338B339B340B341B342B343B344B345B346B347B348B349B350B351B352B353B354B355B356B357B358B359B360B361B362B363B364B365B366B367B368B369B370B371B372B373B374B375B376B377B378B379B380B381B382B383B384B385B386B387B388B389B390B391B392B393B394B395B396B397B398B399B400B401B402B403B404B405B406B407B408B409B410B411B412B413B414B415B416B417B418B419B420B421B422B423B424B425B426B427B428B429B430B431B432B433B434B435B436B437B438B439B440B441B442B443B444B445B446B447B448B449B450B451B452B453B454B455B456B457B458B459B460B461B462B463B464B465B466B467B468B469B470B471B472B473B474B475B476B477B478B479B480B481B482B483B484B485B486B487B488B489B490B491B492B493B494B495B496B497B498B499B500B501B502B503B504B505B506B507B508B509B510B511B512B513B514B515B516B517B518B519B520B521B522B523B524B525B526B527B528B529B530B531B532B533B534B535B536B537B538B539B540B541B542B543B544B545B546B547B548B549B550B551B552B553B554B555B556B557B558B559B560B561B562B563B564B565B566B567B568B569B570B571B572B573B574B575B576B577B578B579B580B581B582B583B584B585B586B587B588B589B590B591B592B593B594B595B596B597B598B599B600B601B602B603B604B605B606B607B608B609B610B611B612B613B614B615B616B617B618B619B620B621B622B623B624B625B626B627B628B629B630B631B632B633B634B635B636B637B638B639B640B641B642B643B644B645B646B647B648B649B650B651B652B653B654B655B656B657B658B659B660B661B662B663B664B665B666B667B668B669B670B671B672B673B674B675B676B677B678B679B680B681B682B683B684B685B686B687B688B689B690B691B692B693B694B695B696B697B698B699B700B701B702B703B704B705B706B707B708B709B710B711B712B713B714B715B716B717B718B719B720B721B722B723B724B725B726B727B728B729B730B731B732B733B734B735B736B737B738B739B740B741B742B743B744B745B746B747B748B749B750B751B752B753B754B755B756B757B758B759B760B761B762B763B764B765B766B767B768B769B770B771B772B773B774B775B776B777B778B779B780B781B782B783B784B785B786B787B788B789B790B791B792B793B794B795B796B797B798B799B800B801B802B803B804B805B806B807B808B809B810B811B812B813B814B815B816B817B818B819B820B821B822B823B824B825B826B827B828B829B830B831B832B833B834B835B836B837B838B839B840B841B842B843B844B845B846B847B848B849B850B851B852B853B854B855B856B857B858B859B860B861B862B863B864B865B866B867B868B869B870B871B872B873B874B875B876B877B878B879B880B881B882B883B884B885B886B887B888B889B890B891B892B893B894B895B896B897B898B899B900B901B902B903B904B905B906B907B908B909B910B911B912B913B914B915B916B917B918B919B920B921B922B923B924B925B926B927B928B929B930B931B932B933B934B935B936B937B938B939B940B941B942B943B944B945B946B947B948B949B950B951B952B953B954B955B956B957B958B959B960B961B962B963B964B965B966B967B968B969B970B971B972B973B974B975B976B977B978B979B980B981B982B983B984B985B986B987B988B989B990B991B992B993B994B995B996B997B998B999B1000B1001B1002B1003B1004B1005B1006B1007B1008B1009B1010B1011B1012B1013B1014B1015B1016B1017B1018B1019B1020B1021B1022B1023B1024B1025B1026B1027B1028B1029B1030B1031B1032B1033B1034B1035B1036B1037B1038B

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged to exercise daily as tolerated. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Chronic kidney disease stag-3, continue current plan.
4. Bipolar, continue current plan.
5. Urinary incontinence, continue current plan and monitor.
6. Depression, continue current plan.
7. Insomnia, continue current plan.
8. Dementia, continue current plan and monitoring.
9. Bipolar, continue current plan.
10. Mental retardation, continue current plan.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Dermatophytosis of nail (ICD10:B35.1 Tinea unguium) Unknown or N/A	Active	2015-10-01	
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage III (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01	
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2015-10-01	
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
Unspecified anemia (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Unspecified mental retardation (ICD10:F79 Unspecified intellectual disabilities) 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
Chronic kidney disease, Stage IV (severe) (ICD10:N18.4 Chronic kidney disease, stage 4 (severe)) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia secondary to blood loss (chronic) (ICD10:D50.9 Iron deficiency anemia, unspecified) 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
C-section 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:

Primary Justification Medical Conditions: Depression,diabetes,HTN,Kidney_Disease,Schizophrenia

Additional Medical Conditions: Mental retardation, AR, vitamin-d deficiency, urinary incontinence.

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: SN needed due to mental retardation and inability to self medicate currently. Patient has mental illness which requires medication management and inventory.

Certification Statement: Patient is home bound due to mental retardation. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-07-22 06:48

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 06:48

Form_status: finalized

Procedure Order:

Patient ID	5588	Order ID	752
Patient Name	Paden, Debra	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

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