

**Deniece Lester: Patient Information**  
Patient Record Number:6215

**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:** Deniece Lester  
**External ID:** 6215  
**DOB:** 1978-06-23  
**Sex:** Female  
**S.S.:** 259552319  
**Marital Status:** Single  
**User Defined:** Lives with Herman

**Address:** 6855 Clarkwood Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75236  
**Country:** USA  
**Mobile Phone:** 469-507-1172  
**Street Address:** 6855 Clarkwood Dr  
**Apt/Suite/Other:** 504

## Family History:

**Last Recorded On:** 10-30-2016.  
**Father:** Father died of myocardial infarction..  
**Mother:** Mother is alive, complains of seizures and anxiety..  
**Spouse:** Two sisters, which are died..  
**Offspring:** One boy who is healthy..

## Social History:

**Last Recorded On:** 10-30-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Immunization, none..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2007-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2011-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 259552319A  
**Group Number :**  
**Employer Name :** Deniece Lester  
**Copay :**  
**Insured ID Number :** 516977820  
**Group Number :**  
**Employer Name :** Deniece Lester

**Immunizations:**

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Follow up home visit to prevent further decline of the following chronic medical conditions of insomnia, anxiety, depression, gastroesophageal reflux disease, chronic pain syndrome, muscle spasms, neuropathy, bipolar and chronic migraines. Patient complains of back and lower extremities pain.

A 38-year-old African-American female in NAD with multiple chronic conditions of the following, insomnia, anxiety, depression, gastroesophageal reflux disease,, chronic pain syndrome, muscle spasms, neuropathy, bipolar, and chronic migraines. Patient has a long history of mental health issues and chronic pain due to trauma. Patient states that she continuously has pain in her lower back and lower extremities that is relieved with current pain and muscle spasm medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache nausea vomiting at this time. Reviewed medications. Reviewed labs.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-13	122	76	207.00	65.00	98.20	16.00	~	0.0	0.00

Description	Status	Start Date	End Date
Amitriptyline HCl ,10 MG TABS, TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Tradjenta ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-09-15	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

ALPRAZolam ,0.5 MG TABS, TAKE 2 TABLETS AT BEDTIME, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-09-07
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Tradjenta ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Abilify ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-22
Amitriptyline HCl ,10 MG TABS, TAKE ONE TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Carisoprodol ,350 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Tradjenta ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Abilify ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24
Amitriptyline HCl ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24
Omega-3-acid Ethyl Esters ,1 GM CAPS, TAKE 1 CAPSULE TWICE DAILY WITH FOOD, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication and here's 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. The patient verbalized understanding of the above plan and was encouraged to exercise daily as tolerated. No labs needed this visit. Patient was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with chronic pain, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Neuropathy, continue current plan.
4. Anxiety, continue current plan.

5. Insomnia, continue current plan.
6. Depression, continue current plan.
7. Chronic pain syndrome, continue current pain medication.
8. Gastroesophageal reflux disease, continue current plan.
9. Muscle spasms, continue current plan.
10. Bipolar, continue current plan.
11. Chronic migraines continue current plan.

Medication refills as follows:

Nexium 40 mg q.d.  
 Trajenta 5 mg q.d.  
 Alprazolam 0.5 mg t.i.d.  
 Amitriptyline 10 mg q.h.s.  
 Norco 10/325 mg t.i.d.  
 Carisoprolol 350 mg b.i.d.  
 Ability 5 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-09-13	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-13	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-26	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-26	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-26	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-24	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-06-24	
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-06-24	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-24	

## 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:** bipolar, Depression

**Additional Medical Conditions:** Insomnia, GERD, Chronic Pain Syndrome, Neuropathy, Chronic Migraines

**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 syndrome uncontrolled muscle spasms and mental health issues

**Certification Statement:** No skilled nurse she needed at this time

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-13 04:26

**Signed By (Physician):** 18

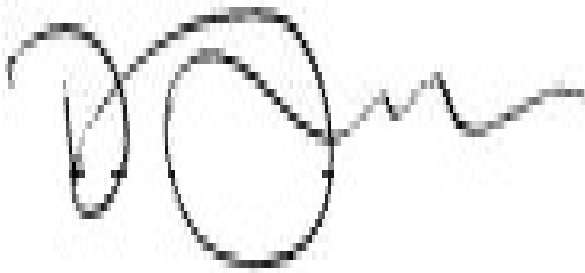
**Signed on (Physician):** 2016-09-20 04:26

**Form\_status:** finalized

## Procedure Order:

Patient ID	6215	Order ID	919
Patient Name	Lester, Deniece	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%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-20**.

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