

Patient Record Number:6009

### 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:** Pasty Bullard

**External ID:** 6009

**DOB:** 1935-02-11

**Sex:** Female

**User Defined:** Patients wants to only derrick can see her.

**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCNEI6RWtWQ2pFMU0](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCNEI6RWtWQ2pFMU0)

**Address:** 3526 Kenilworth St

City: Dallas

**State:** Texas

**Postal Code: 75210**

Country: USA

**Mobile Phone:** 214-730-8431

**Street Address:** 3526 Kenilworth St

**Apt/Suite/Other:** House

### Family History:

**Last Recorded On: 07-14-2016.**

**Offspring:** Patient has 3 children, 2 deceased and one alive..

### Social History:

**Last Recorded On: 07-14-2016.**

**Developmental History:** Educational level is 11th grade..

**Other History:** Physical exam in 2015..

## Tests and Exams:

**Last Recorded On: 07-14-2016.**

**Sigmoid/Colonoscopy** N/A done in 2007

**Insurance:**

## Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 1997-06-01

Relationship to Insured : Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority : Primary**

**Start Date : 2015-10-01**

Relationship to Insured : Self

**Type :** N/A

**Payer :** Wellcare HMO, Inc. (14163)

**Copay :**

**Insured ID Number : 450487311A**

**Group Number :**

**Employer Name :** Pasty Bullard

**Copay :**

**Insured ID Number : 16964515**

**Group Number :**

**Employer Name :** Pasty Bullard

**Immunizations:**

**Pasty Bullard: Chief Complaint**  
Patient Record Number:6009

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texasphysicianhousecalls.com

**Seen by** Derrick Love-Jones  
**Seen on** 18-May-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension, diabetes mellitus type 2, hyperlipidemia, osteoarthritis, gout, and chronic pain. Patient complains of pain in knees and big toe.

## History of Present illness:

**HPI Status:**Finalized

Patient is an 81-year-old African American female with multiple chronic conditions of hypertension, diabetes mellitus type 2, gout, edema, hyperlipidemia, and chronic pain. Patient complain of knee pain and pain in her big toe. Patient denies any other issues upon examination. Patient denies CP, HA, and N/V recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-18	167	83	268.00	64.00	97.40	20.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Weight Loss:**

No Unintentional Weight Loss

No Fever or Chills

No Night Sweats

No Fatigue or Weakness

No Change in Appetite

No Change in Mentation

No Limitation In Range Of Motion

No Bleeding Gums

No Bruises

No Use Of Dentures

## Physical Exam:

**HEENT:**

Head, Eyes, Ears, Nose, Throat - Within Normal Limits .

**HEENT:**

Head, Eyes, Ears, Nose, Throat - Within Normal Limits .

**CV:**

Cardiovascular - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
Valsartan-Hydrochlorothiazide ,160-12.5 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1	Active	2016-05-23	
Unknown or N/A			
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 education was given to the patient and the 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 perform some daily exercise. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Hypertension, continue current plan.
2. Gout, continue current plan.
3. Osteoarthritis with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Diabetes mellitus 2, continue current plan.
6. Hyperlipidemia, continue current plan.

Medication refills as follows:

Naproxen 50 mg b.i.d.  
Valsartan/HCTZ 160/12.5 mg q.d.  
Metoprolol ER 50 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-18	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-03-29	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-23	
Gout, unspecified ( ICD10:M10.9 Gout, 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	

## 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:** Agape Home Healthcare

**Primary Justification Medical Conditions:** diabetes,HTN,hyperlipidemia

**Additional Medical Conditions:** Gout, edema of LE

**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 chronic pain and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to chronic pain.pain is weak with poor balance and at risk for fall.

**Signed by (NP):** 16

**Signed On (NP):** 2016-05-18 05:00

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-05-24 05:00

**Form\_status:** finalized

## Procedure Order:

Patient ID	6009	Order ID	555
Patient Name	Bullard, Pasty	Ordered By	Love-Jones, Derrick
Order Date	2016-08-25	Print Date	2016-08-25
Order Status	complete	Encounter Date	2016-08-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Printed on 25-Aug-2016 19:14:04 pm.