Vicky Tyndall: Patient Information

Patient Record Number:5856

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: Vicky Tyndall External ID: 5856 **DOB**: 1956-04-03 Sex: Female

User Defined: patient is always home

genericval1: 972-557-7888

Address: 9829 Mill Valley Lane

City: Dallas State: Texas Postal Code: 75217 Country: USA

Home Phone: 972-557-7888 Mobile Phone: 214-643-2324 Street Address: 9829 Mill Valley Lane

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-16-2016. Risk Factors: Incontinence.

Additional Medical History: Morbid obesity, sleep apnea, and bed bound...

Family History:

Last Recorded On: 10-16-2016. Father: Father deceased..

Mother: Mother deceased with DJD, dementia, and Alzheimer disease...

Siblings: Four sisters..

Offspring: One daughter, healthy...

Primary Family Med Conditions:

Last Recorded On: 10-16-2016.

Risk Factors: Degenerative Joint Disease. Chronic Conditions: Alzheimers, Senile Dementia.

Social History:

Last Recorded On: 10-16-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular.

Developmental History: Educational level is 12th grade..

Other History: Influenza November 2015...

Tests and Exams:

Last Recorded On: 10-16-2016.

Vitamin D (6 mo if on pills) Normal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 02/22/2016 at Evolution Health-Lab Services, Ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

Sigmoid/Colonoscopy N/A done in 2014

Insurance:

United Health Care (87726)

Priority: Primary Start Date: 2015-01-01 Relationship to Insured: Self Type: N/A

Payer: United Health Care (87726)

Priority: Primary Start Date: 2015-09-01 Relationship to Insured: Self

Type: N/A

Payer: Humana (61101)

Copay:

Insured ID Number: 757618701 Group Number:

Employer Name : Vicky Tyndall Copay : Insured ID Number : H66044316

Group Number :

Employer Name: Vicky Tyndall

Immunizations:

Vicky Tyndall: Chief Complaint Patient Record Number:5856 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 07-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of gastroesophageal reflux disease, cellulitis, osteoarthritis, chronic obstructive pulmonary disease, chronic pain, asthma, vitamin D deficiency, chronic kidney disease stage-3, sleep apnea, rheumatoid arthritis, bedbound, urinary incontinence, and chronic urinary tract infection. Patient complains of pain in her hands.

History of Present illness:

HPI Status:Finalized

Patient is a 60-year-old Caucasian female in NAD with multiple chronic conditions of the following: gastroesophageal reflux disease, cellulitis, osteoarthritis, chronic obstructive pulmonary disease, chronic pain, asthma, vitamin D deficiency, chronic kidney disease stage-3, sleep apnea, rheumatoid arthritis, bed-bound, urinary incontinence, and chronic urinary tract infection. Patient states that her hands have been hurting for several weeks and has not had any relief. Patient denies any other issues upon examination. Patient denies CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-09-07	131	67	406.00	66.00	97.80	18.00	~	65.5	0.00

Review of Systems:

Constitutional:

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Mod**inación de sole de la company**

And the transfer of the transf

No Brojucky Pain No Corresthesia

Non Odtstatrubtionange Of Motion YES

Physical Exam:

6**8116**16:

and Annual Limits .

BXTOREMITIES:

Geography (India) in the control of the control o

СУМРН:

Reference (Notathing (No arresed streetings) - Within Normal Limits .

MUSC:

Structingth-RAlbrac@allopin/itsthireAlormal Limits.

Stability- Abnormal Limits. Unstable.

Medication:

Description	Status	Start Date	End Date
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-07-25	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Furosemide ,40 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-25
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-30
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
Lasix ,40 MG TABS, ONE TAB ONCE A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-28
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10
Lasix ,40 MG TABS, ONE TAB ONCE A DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient educated on benefits of low salt, low-fat, low cholesterol diet with current medical issues. 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 get out of bed daily to prevent bedsores. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Patient is on home oxygen 3L via nasal cannula continuously. Patient uses CPAP nightly and is in need of continuous moisturizer due to dryness. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- ${\it 1. Chronic kidney disease stage-3, continue current plan.}\\$
- 2. Chronic obstructive pulmonary disease/asthma, continue current plan.
- 3. Sleep apnea, continue current plan.
- 4. Vitamin D deficiency, continue current plan.
- 5. Bed-bound, continue to monitor.
- 6. Morbid obesity, continue to monitor.
- $\label{eq:continue} \textbf{7. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.}$
- $8. \ Gastroes op hage al\ reflux\ disease,\ continue\ current\ plan.$
- 9. History of cellulitis, continue to monitor.

Medication refills as follows:

- 1. Lasix 40 mg 1/2 tab q.d.
- 2. Famotidine 20 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Encounter for fitting and adjustment of unspecified left artificial arm			
(ICD10:Z44.002 Encounter for fitting and adjustment of unspecified left artificial arm)	Active	2016-05-12	
Unknown or N/A			
Vitamin D deficiency, unspecified			
(ICD10:E55.9 Vitamin D deficiency, unspecified)	Active	2016-04-25	
Unknown or N/A			

Obstructive and reflux uropathy, unspecified	Antive	2040 04 05
(ICD10:N13.9 Obstructive and reflux uropathy, unspecified) Unknown or N/A	Active	2016-04-25
Cellulitis, unspecified		
(ICD10:L03.90 Cellulitis, unspecified)	Active	2016-03-29
Unknown or N/A		
Chronic kidney disease, stage 3 (moderate)	Active	2016-03-01
(ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2010-00-01
Dry mouth, unspecified		
(ICD10:R68.2 Dry mouth, unspecified)	Active	2016-01-25
Unknown or N/A		
Bed confinement status (ICD10:Z74.01 Bed confinement status)	Active	2016-01-13
Unknown or N/A	710070	20000.00
Chronic obstructive pulmonary disease with (acute) exacerbation		
(ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation)	Active	2016-01-13
Unknown or N/A		
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified)	Active	2015-12-18
Unknown or N/A	Active	2010 12 10
Sleep apnea, unspecified		
(ICD10:G47.30 Sleep apnea, unspecified)	Active	2015-12-18
Unknown or N/A		
Edema, unspecified (ICD10:R60.9 Edema, unspecified)	Active	2015-11-16
Unknown or N/A	710070	200 11.00
Other specific arthropathies, not elsewhere classified, unspecified site		
(ICD10:M12.80 Other specific arthropathies, not elsewhere classified, unspecified site)	Active	2015-11-16
Unknown or N/A	1	
Encounter for fitting and adjustment of urinary device (ICD10:Z46.6 Encounter for fitting and adjustment of urinary device)	Active	2015-11-14
Unknown or N/A		
Mixed incontinence		
(ICD10:N39.46 Mixed incontinence)	Active	2015-11-14
Unknown or N/A		
Dependence on supplemental oxygen (ICD10:Z99.81 Dependence on supplemental oxygen)	Active	2015-11-14
Unknown or N/A		
Chronic airway obstruction, not elsewhere classified		
(ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified)	Active	2015-10-01
Unknown or N/A		
Apnea (ICD10:R06.81 Apnea, not elsewhere classified)	Active	2015-10-01
Unknown or N/A		
Urinary incontinence, unspecified		
(ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Morbid obesity		
(ICD10:E66.01 Morbid (severe) obesity due to excess calories)	Active	2015-10-01
Unknown or N/A		
Neurogenic bladder NOS		
(ICD10:N31.9 Neuromuscular dysfunction of bladder, unspecified) Unknown or N/A	Active	2015-10-01
Other diseases of lung, not elsewhere classified		
(ICD10:J98.4 Other disorders of lung)	Active	2015-10-01
Unknown or N/A		
Osteoarthrosis, generalized, site unspecified		
(ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified)	Active	2015-10-01
Unknown or N/A		
Other chronic pain		
(ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Cellulitis and abscess of trunk		
(ICD10:L03.319 Cellulitis of trunk, unspecified)	Active	2015-10-01
Unknown or N/A		
	-	

Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) 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)	Active	2015-10-01
Unknown or N/A		

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 in 1989	Active		
Unknown or N/A	Active		
Intubated x2	Active		
Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES Is Home Health Care Needed: YES

 $\textbf{Does Patient have reliable other Primary Care Physician:} \ \ \textbf{YES}$

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Lucent Home Health, LLC Primary Justification Medical Conditions: Asthma, COPD Additional Medical Conditions: Obesity and sleep apnea.

Nursing Required: YES Physical Therapy: YES

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to uncontrolled COPD, bed bound, and educating on medication

adherence.

Certification Statement: Patient is bed bound and is unable to leave home due to COPD and uncontrollable coughing and extreme SOB. Patient is on home oxygen 3L via nasal cannula continuously. Patient uses CPAP nightly and is in need of continuous moisturizer due to dryness.

Signed by (NP): 16

Signed On (NP): 2016-09-07 01:51 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-14 01:51

Form_status: finalized

Procedure Order:

Patient ID	5856	Order ID	999
Patient Name	Tyndall, Vicky	Ordered By	Love-Jones, Derrick
Order Date	2016-10-16	Print Date	2016-10-16
Order Status	complete	Encounter Date	2016-10-16
Lab	.HH Agency	Specimen Type>	

	Ordered Procedure	Report			Results							
	Ordered Procedure	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
	026: Pulse Oximetry	2016-10-16		Final ✓		0097	Pulse Oximetry	No	99%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-09-14.

Printed on 16-Oct-2016 20:20:06 pm.