

**Barbara Stephenson: Patient Information**  
Patient Record Number:6397

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
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Email:hhsupport@texashousecalls.com

**Name:** Barbara Stephenson  
**External ID:** 6397  
**DOB:** 1954-10-15  
**Sex:** Female  
**Marital Status:** Single  
**Patient Drive Folder:** 0B0x\_tbqdBDPhOGtrZDI1MzJCdTQ

**Address:** 7331 Oakstone Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75249  
**Country:** USA  
**Home Phone:** 972-855-0816  
**Mobile Phone:** 972-296-5884  
**Street Address:** 7331 Oakstone Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 02-11-2017.  
**Father:** Father is alive..  
**Mother:** Mother died. .  
**Siblings:** Six brothers are alive. One sister is alive and one sister is deceased..  
**Offspring:** Three boys and two girls, which are alive..  
**Other Family Relative:** Sister had breast cancer..

## Social History:

**Last Recorded On:** 02-11-2017.  
**Tobacco:** Never smoker **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is GED..  
**Other History:** Influenza taken 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2004-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 545982610TA  
**Group Number :**  
**Employer Name :** Barbara Stephenson

## Immunizations:





Ranitidine HCl ,150 MG TABS, TAKE 1 TABLET TWICE DAILY,  
Quantity: 60, Refill Quantity: 2  
Unknown or N/A  
by Jones, Derrick - MJ3217331  
Texas Physician House Calls

Active

2017-01-12

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence 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. Patient encouraged to exercise daily as tolerated. Of labs of the following order: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. 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.

Patient diagnoses are,

1. History of falls, continue treatment plan.
2. Abnormal gait, continue treatment plan.
3. Major depression, continue treatment plan.
4. Anxiety, continue treatment plan.
5. Muscle spasms, continue treatment plan.
6. Gastroesophageal reflux disease, continue treatment plan.
7. Chronic pain syndrome, continue treatment plan.

## Medical Problem:

Description	Status	Start Date	End Date
Muscle spasm of back ( ICD10:M62.830 Muscle spasm of back) Unknown or N/A	Active	2017-01-11	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2017-01-11	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2017-01-11	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2017-01-11	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Fracture left femur in 1993. 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

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to major depression and chronic pain.

**Certification Statement:** Skilled nursing is needed due to mental health issues and inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):**

**Signed By (Physician):** 18

**Signed on (Physician):**

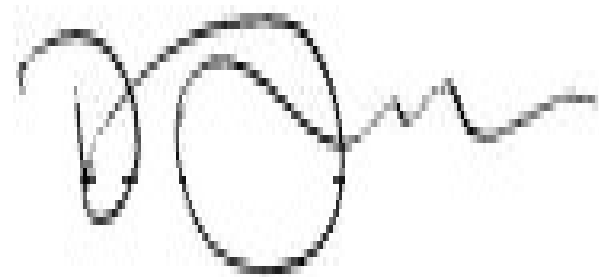
**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6397	Order ID	1487
Patient Name	Stephenson, Barbara	Ordered By	Love-Jones, Derrick
Order Date	2017-01-11 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-11 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2017-01-18**.

Printed on 12-Feb-2017 18:55:00 pm.