Billie Piggee: Patient Information

Patient Record Number:5640

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: Billie R Piggee External ID: 5640 DOB: 1945-09-24 Sex: Female

Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5OGdkWXYtaXEtbjQ

Address: 2255 North Washington Ave #212

City: Dallas State: Texas Postal Code: 75204 Country: USA

Home Phone: 214-264-9146 Mobile Phone: 214-777-3830

Street Address: 2255 North Washington Ave

Apt/Suite/Other: 212

Past Medical History:

Last Recorded On: 08-12-2016.

Risk Factors: Chronic Pain, GERD, Lumbago, Neuropathy.

Family History:

Last Recorded On: 08-12-2016.

Father: Father also died had DM2 and HTN. Mother: Mother died with DM2, MI, CKD, and CVA..

Siblings: No siblings.

Offspring: Patient has 5 children, 4 boys and 1 girl. All healthy...

Other Family Relative: Grandfather had throat cancer and grandmother had leukemia..

Primary Family Med Conditions:

Last Recorded On: 08-12-2016.

Chronic Conditions: Acute Myocardial Infarction, Chronic Kidney Disease, Diabetes, Hypertension, Stroke / Transient Ischemic

Attack.

Social History:

Last Recorded On: 08-12-2016.

Tobacco: Never smoker No smoking Status: Never

Alcohol: No alcohol Status: Never

Recreational Drugs: No drug abuse Status: Never

Nutrition History: Good. Developmental History: Good.

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 08-12-2016.

Mammogram (>40yrs, Yearly) N/A Done on August 25th. Sigmoid/Colonoscopy N/A Done. Prostate Exam N/A Not done.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1987-12-01 Relationship to Insured : Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

Copay : Insured ID Number : 457761881A

Group Number : Employer Name : Billie Piggee

Immunizations:

Billie Piggee: Chief Complaint Patient Record Number:5640 Texas Physician House Calls (H)

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

Chief Complaint Status: finalized

Followup home visit for management of cataracts, peripheral neuropathy, schizophrenia, asthma, lumbago, bipolar, glaucoma, osteoarthritis, gastroesophageal reflux disease, hypertension, chronic pain, mononeuritis, and hyponatremia. Patient complains of low back pain and foot pain.

History of Present illness:

HPI Status:Finalized

A 70-year-old African American female in NAD with multiple chronic conditions including neuropathy, hypertension, cataract, and osteoarthritis. Patient states she has been having low back pain and pain in both feet x 4-5 days that is relieved with current pain medication. Patient also complains of increased anxiety due to housing issues. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
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Review of Systems:

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Physical Exam:

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CV:

RESIDENTAL LIMITED IN THE RESIDENCE OF THE PROPERTY OF THE PRO

Murmur, Rubs, Gallops-Within Normal Limits .

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 was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged to continue weight loss efforts via daily exercise and certain food restrictions. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Medication adherence was given to the patient. Continue treatment as planned. Patient was given card with number to the office for any questions or concerns. Patient was instructed to

go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Neuropathy, continue current plan.
- 2. Lumbago with chronic pain, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Gastroesophageal reflux disease, continue current plan.
- 5. Asthma, continue current plan.
- 6. Osteoarthritis with chronic pain, continue current plan.
- 7. Bipolar, continue current plan.
- 8. Schizophrenia, continue current plan.
- 9. Anxiety, continue current plan.

Medication refills as follows: Lisinopril q.d.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified cataract (ICD9:366.9 Unspecified cataract) Unknown or N/A	Active	2015-11-03	
Hereditary and idiopathic neuropathy, unspecified (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-11-03	
Other schizophrenia (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-11-03	
Hypo-osmolality and hyponatremia (ICD10:E87.1 Hypo-osmolality and hyponatremia) Unknown or N/A	Active	2015-11-03	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-11-03	
Other hereditary and idiopathic neuropathies (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-11-03	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-11-03	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-11-03	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-11-03	
Manic episode without psychotic symptoms, unspecified (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-11-03	
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-11-03	
Not Specified. (ICD10:M15.0 Primary generalized (osteo)arthritis) (M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-11-03	
Unspecified cataract (ICD10:H26.9 Unspecified cataract) Unknown or N/A	Active	2015-11-03	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-03	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-03	
Mild intermittent asthma, uncomplicated (ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	Active	2015-11-03	

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Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-11-03
Unspecified asthma with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-11-03
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) 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
Hyposmolality and/or hyponatremia (ICD10:E87.1 Hypo-osmolality and hyponatremia) Unknown or N/A	Active	2015-10-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Asthma (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Bipolar (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01
Glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, unspecified whether generalized or localized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Cataract (ICD10:H26.9 Unspecified cataract) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Extrinsic asthma, unspecified (ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01

Bipolar I disorder, single manic episode, severe, without mention of psychotic behavior (ICD10:F30.13 Manic episode, severe, without psychotic symptoms) Unknown or N/A	Active	2015-10-01
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01
Unspecified cataract (ICD9:366.9 Unspecified cataract) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date	
No Known Drug Allergies	Active			
Unknown or N/A	Houve			

Surgeries:

Description	Status	Start Date	End Date
Gallbladder 1988	Active		
Unknown or N/A	Active		
Tubal ligation 1969	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

Does Patient have reliable other Primary Care Physician: NO

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

Current home health agency: Promise Home Health Inc

Primary Justification Medical Conditions: Asthma, bipolar, Cataract, Depression, Glaucoma, HTN, Osteoporosis, Schizophrenia

Additional Medical Conditions: 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 schizophrenia and unable to self medicate.

Certification Statement: Patient is home-bound due to schizophrenia. Patient experiences confusion and is unable to safely

leave home alone. **Signed by (NP):** 16

Signed On (NP): 2016-06-22 04:29 **Signed By (Physician):** 18

Signed on (Physician): 2016-06-29 04:29

Form_status: finalized

Procedure Order:

Patient ID	5640	Order ID	656
Patient Name	Piggee, Billie R	Ordered By	Love-Jones, Derrick
Order Date	2016-09-02	Print Date	2016-09-02
Order Status	complete	Encounter Date	2016-09-02
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-02		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-06-30**.

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