

Elizabeth Jeffrey: Patient Information
Patient Record Number:3567

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: Elizabeth A Jeffrey
External ID: 3567
DOB: 1943-07-23
Sex: Female
S.S.: 460-72-2810
Marital Status: Widowed
User Defined: 214-607-5412
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXekZWQ0VZbUo2TkE>

Address: 1831 Angelina Dr
City: Dallas
State: Texas
Postal Code: 75212
Country: USA
Emergency Contact: None
Home Phone: 214-650-9378
Work Phone: 214-607-5412
Mobile Phone: 214-650-7398
User Email: jamesjeffreysr@yahoo.com
Street Address: 1831 Angelina Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-06-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-06-2016.
Tobacco: Current every day smoker Tobacco 1/2 PPD. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug use. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 10-06-2016.
UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 09/27/2016 at Lab Corp.
Urine Culture (prn) Abnormal Done on 09/27/2016 at Lab Corp.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-01-01
Relationship to Insured : Self
Type : N/A
Payer : XL Health / Care Improvement Plus (77082)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : United Health Care (87726)

Copay :
Insured ID Number : 460722810A
Group Number :
Employer Name : Elizabeth Jeffrey
Copay :
Insured ID Number : 100619325
Group Number :
Employer Name : Elizabeth Jeffrey
Copay :
Insured ID Number : 933346045-00
Group Number :
Employer Name : Elizabeth Jeffrey

Immunizations:

Elizabeth Jeffrey: Chief Complaint
Patient Record Number:3567

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Seen by Sumana Ketha MD
Seen on 11-August-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, hyperlipidemia, chronic pain, insomnia, Alzheimer's/Parkinson's disease, and dementia. Patient caregiver states that patient has been complains of shortness of breath and leg pain.

History of Present illness:

HPI Status:Finalized

A 73-year-old African American female in NAD with multiple chronic conditions of the following: hypertension, hyperlipidemia, chronic pain, insomnia, Alzheimer's/Parkinson's disease, and dementia. Patient caregiver states that patient is not sleeping at night and walks the house the entire night. Patient denies any other issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-11	152	76	145.00	66.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight: 145.00 lbs

No Unintentional Weight Loss

No Unintentional Weight Gain

No Unintentional Weight Change

No Unintentional Weight Gain

No Unintentional Weight Loss

No Constipation

Physical Exam:

HEENT:

Head: No tenderness or swelling. Eyes: No redness or swelling. Ears: No tenderness or swelling. Nose: No tenderness or swelling. Throat: No tenderness or swelling.

NECK:

Thyroid: No tenderness or swelling. Lymph nodes: No tenderness or swelling. Trachea: No tenderness or swelling. Jugular veins: No tenderness or swelling.

CV:

Heart: No tenderness or swelling. Lungs: No tenderness or swelling.

CV:

Heart: No tenderness or swelling. Lungs: No tenderness or swelling.

RESP:

Lungs: No tenderness or swelling.

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Risperidone , 1 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2	Active	2016-04-15	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previously. 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue to monitor.
2. Hypertension with vascular complications, continue current plan.
3. Alzheimer's disease, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Dementia, continue to monitor.
6. Insomnia, continue current plan.
7. Hyperlipidemia,

No medications refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Unspecified psychosis (ICD10:F29 Unspecified psychosis not due to a substance or known physiological condition) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Other persistent mental disorders due to conditions classified elsewhere (ICD10:F06.8 Other specified mental disorders due to known physiological condition) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) 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	

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: Kingly Home Health Care Inc

Primary Justification Medical Conditions: Alzheimers,hyperlipidemia,HTN,Mobility_Impairments

Additional Medical Conditions: Parkinson's Dz, Insomnia, GERD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to dementia and inability to self medicate correctly.

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

Signed by (NP): 16

Signed On (NP): 2016-08-11 08:23

Signed By (Physician): 18

Signed on (Physician): 2016-08-16 08:23

Form_status: finalized

Procedure Order:

Patient ID	3567	Order ID	821
Patient Name	Jeffrey, Elizabeth A	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-08-18**.

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