

**Beatrice Smallwood: Patient Information**  
Patient Record Number:3179

**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:** Beatrice Smallwood

**External ID:** 3179

**DOB:** 1947-03-01

**Sex:** Female

**S.S.:** 453-13-2951

**Marital Status:** Widowed

**Patient Drive Folder:** [https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B2b-ca76\\_GQoSGgtNG8tcUI2Szg](https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B2b-ca76_GQoSGgtNG8tcUI2Szg)

**Address:** 3727 Malcolm X Boulevard

**City:** Dallas

**State:** Texas

**Postal Code:** 75215

**Country:** USA

**Home Phone:** 214-434-8436

**Street Address:** 3727 Malcolm X Boulevard

**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 10-23-2016.

**Risk Factors:** Chronic Pain,Insomnia,GERD.

## Family History:

**Last Recorded On:** 10-23-2016.

**Father:** Father had stroke..

**Siblings:** Patient's sister has cancer..

**Offspring:** Patient has 6 children..

## Primary Family Med Conditions:

**Last Recorded On:** 10-23-2016.

**Chronic Conditions:** Stroke / Transient Ischemic Attack.

## Social History:

**Last Recorded On:** 10-23-2016.

**Tobacco:** Never smoker No smoking. **Status:** Never

**Coffee:** **Status:** N/A

**Alcohol:** No alcohol. **Status:** Never

**Recreational Drugs:** No drug abuse. **Status:** Never

**Nutrition History:** Good..

**Developmental History:** Education level is college..

**Other History:** Extent of education is college. Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 10-23-2016.

**Vitamin D (6 mo if on pills)** Abnormal Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.

**TSH Thyroid-Stimulating Hormone (every year)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.  
**CBC Complete Blood Count (3 months)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.  
**LIPIDS (once year unless chol meds)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.  
**Mammogram (>40yrs, Yearly)**&nbsp;&nbsp;  N/A&nbsp;&nbsp;  Done on 2015.  
**Sigmoid/Colonoscopy**&nbsp;&nbsp;  N/A&nbsp;&nbsp;  Done on 2013.  
**Prostate Exam**&nbsp;&nbsp;  N/A&nbsp;&nbsp;  Not done.

## Insurance:

### Aetna (60054)

**Priority** : Primary  
**Start Date** : 2012-01-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Aetna (60054)  
**Priority** : Primary  
**Start Date** : 2012-02-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)

**Copay** :  
**Insured ID Number** : MEBH6H2D  
**Group Number** :  
**Employer Name** : Beatrice Smallwood  
**Copay** :  
**Insured ID Number** : 467823254A  
**Group Number** :  
**Employer Name** : Beatrice Smallwood

## Immunizations:

**Beatrice Smallwood: Chief Complaint**  
Patient Record Number:3179

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**Seen by** Derrick Love-Jones  
**Seen on** 15-September-2016

**Chief Complaint Status:**finalized

Follow up home visit for the management of chronic conditions of hypertension, chronic pain, osteoarthritis, chronic obstructive pulmonary disease, asthma, gastroesophageal reflux disease, insomnia, and cancer. Patient complains of pain in lower back.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 69-year-old AA female with multiple chronic conditions of hypertension, chronic pain, osteoarthritis, chronic obstructive pulmonary disease, asthma, gastroesophageal reflux disease and insomnia. Patient states that chemotherapy continues but it is not making as sick as it was before. Patient states that her lower back hurts today. Patient rates pain today 6/10. Patient denies CP, HA, and N/V recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	123	75	167.00	59.00	98.20	16.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Geological:**

~~Not to be used as a basis for~~

1. **Do you have any other children?** ☒ YES ☐ NO

**Neuroendocrine System**

No ~~Disadvantages~~

**North Carolina**

No Mucosa-Associated Bowel

**No** **Disturbed** **a Range Of Motion** **YES**

No Obstruction

### Physical Exam:

**SENRO:**

**Abstract** **Keywords:** **On** **Gender** **NO** **Empathy** **Drives** **Male** **Female** **Internal** **Limits**.

**FRISCH:**

**Strong Medical Treatment Discharge Allowed, Conditions Within Normal Limits Nasal Turbinates-Within Normal Limits .**

**ENT:**

Redden Air Force Base South Normal Limits .

**NECK:**

Supple,Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

**G|:**

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
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Kristalose ,20 GM PACK, TAKE 1 PACKET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-08
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-03
Meloxicam ,15 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-03
Pantoprazole Sodium ,40 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-03
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-28
HydroXYZine HCl ,25 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-28
Meclizine HCl ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-13
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH FOUR TIMES DAILY AS NEEDED FOR SHORTNESS OF BREATH, Quantity: 1, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-31
Meloxicam ,15 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Simvastatin ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 2 TABLETS BY MOUTH EVERY MORNING, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-26
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-11
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-01-12
Tessalon Perles ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY AS NEEDED, Quantity: 15, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-18

## 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 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. Reviewed recent labs with patient. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

Liver Cancer continue current plan  
Fatigue continue to monitor  
COPD/Asthma continue current plan  
Insomnia continue current plan  
HTN w/vascular complications continue current plan  
Lumbago w/chronic pain continue current plan  
OA w/chronic pain continue current plan  
GERD continue current plan  
Chronic Pain Syndrome continue current pain medication  
Debility continue to monitor

### Medication refills as follows:

Norco 10/325 mg t.i.d.

Qnasal qd

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified essential hypertension ( ICD10:I10 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	
Chronic airway obstruction, not elsewhere classified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) 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, unspecified type, unspecified ( ICD10:J45.909 Unspecified asthma, uncomplicated) 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	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Allergy, unspecified, not elsewhere classified ( ICD10:T78.40XA Allergy, unspecified, initial encounter) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified ( ICD10:J30.9 Allergic rhinitis, unspecified) 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	
Debility, unspecified ( ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01	

Degeneration of thoracic or thoracolumbar intervertebral disc ( ICD10:M51.34 Other intervertebral disc degeneration, thoracic region) ( ICD10:M51.35 Other intervertebral disc degeneration, thoracolumbar region) Unknown or N/A	Active	2015-10-01
Acute upper respiratory infections of unspecified site ( ICD10:J06.9 Acute upper respiratory infection, unspecified) Unknown or N/A	Active	2015-10-01
Dizziness and giddiness ( ICD10:R42 Dizziness and giddiness) Unknown or N/A	Active	2015-10-01
Body Mass Index 40.0-44.9, adult ( ICD10:Z68.41 Body mass index (BMI) 40.0-44.9, adult) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Peripheral vertigo, unspecified ( ICD9:386.10 Peripheral vertigo, unspecified) Unknown or N/A	Active	

## Allergies:

Description	Status	Start Date	End Date
Erythromycin Base Unknown or N/A	Active	2015-03-10	
Sulfa Antibiotics Unknown or N/A	Active	2015-03-10	
Levaquin Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Carpal Tunnel surgery Unknown or N/A	Active		
Tubal ligation Unknown or N/A	Active		
Rotator cuff repair Unknown or N/A	Active		
Torn ligament Unknown or N/A	Active		

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** NO  
**Is Home Health Care Needed:** NO  
**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:**  
**Additional Medical Conditions:**  
**Nursing Required:** NO  
**Physical Therapy:** NO  
**Occupational Therapy Required:** NO  
**Speech-language Pathology Required:** NO  
**Requested Care/Treatments Required:**  
**Clinical Findings To Justify Home Health:** No skilled nursing needed  
**Certification Statement:**  
**Signed by (NP):** 16  
**Signed On (NP):** 2016-09-15 06:23  
**Signed By (Physician):** 18  
**Signed on (Physician):** 2016-09-22 06:23

**Form\_status:** finalized

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