

Jacqueline Brown: Patient Information
Patient Record Number:1219

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: Jacqueline Brown
External ID: 1219
DOB: 1966-10-05
Sex: Female
S.S.: 465-33-6765
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5VDRzLU4zSIMyd3c>

Address: 11760 Ferguson Road
City: Dallas
State: Texas
Postal Code: 75228-8203
Country: USA
Home Phone: 214-916-8861
Mobile Phone: 469-285-8077
Street Address: 11760 Ferguson Road
Apt/Suite/Other: #2025 Building-D

Past Medical History:

Last Recorded On: 12-03-2016.
Risk Factors: Incontinence,Gout,Stomach Ulcers.
Additional Medical History: Liver cirrhosis, eczema..

Family History:

Last Recorded On: 12-03-2016.
Father: Unknown..
Mother: Mother with hypertension, diabetes, and asthma..
Offspring: Two children..
Other Family Relative: Family history of cancer in aunt and father..

Primary Family Med Conditions:

Last Recorded On: 12-03-2016.
Chronic Conditions: Asthma,Diabetes,Hypertension.

Social History:

Last Recorded On: 12-03-2016.
Tobacco: Former smoker Smoke one cigarette a day, quit smoking about 1 year ago as of March 2015 **Status:** Quit
Alcohol: Social drinker. **Status:** Current
Recreational Drugs: No drug use. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 12th grade..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-03-2016.

CXR - Chest X Ray Abnormal Done on 12/10/2014, at STAT X-ray, referred by Dr. Sumana Ketha.
Mammogram (>40yrs, Yearly) N/A Done.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2011-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2016-05-25
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 465336765A
Group Number :
Employer Name : Jacqueline Brown
Copay :
Insured ID Number : 500000033061
Group Number :
Employer Name : Jacqueline Brown
Copay :
Insured ID Number : 465336765A
Group Number :
Employer Name : Jacqueline Brown
Copay :
Insured ID Number : 506207557
Group Number :
Employer Name : Jacqueline Brown
Copay :
Insured ID Number : 506207557
Group Number :
Employer Name : Jacqueline Brown

Immunizations:

Jacqueline Brown: Chief Complaint
Patient Record Number:1219

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Derrick Love-Jones
Seen on 20-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of anemia, asthma, depression, heart failure, hypertension, hyperlipidemia, rheumatoid arthritis/osteoarthritis, schizophrenia, bipolar, and tobacco use. Patient complains of pain in back and shortness of breath.

History of Present illness:

HPI Status:Finalized

Patient is a 50-year-old African-American female with multiple chronic conditions of asthma, depression, heart failure, hypertension, hyperlipidemia, rheumatoid arthritis/osteoarthritis. Patient states that, she continue to have increased anxiety and shortness of breathe. Patient denies chest pain, headache, or nausea/vomiting recently. Patient also complains of back pain that is chronic. Patient denies any recent trauma.

Family History:Family history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-20	142	99	150.00	63.00	97.80	16.00	~	26.6	0.00

Review of Systems:

Constitutional:

General: No weight loss

Energy: No fatigue

Appetite: No change

Weight: No change

Temperature: No fever

Sweats: No night sweats

Endurance: No change

Thirst: No change

Stools: No change

Urine: No change

Appetite: No change

Weight: No change

Temperature: No fever

Sweats: No night sweats

Endurance: No change

Thirst: No change

Stools: No change

Urine: No change

Appetite: No change

Weight: No change

Temperature: No fever

Sweats: No night sweats

Endurance: No change

Thirst: No change

Stools: No change

Urine: No change

Appetite: No change

Weight: No change

Temperature: No fever

Sweats: No night sweats

Endurance: No change

Thirst: No change

Stools: No change

Urine: No change

Appetite: No change

Weight: No change

Temperature: No fever

Sweats: No night sweats

Endurance: No change

Thirst: No change

Stools: No change

Physical Exam:

HEENT:

Head: No tenderness, No swelling, No deformity, No trauma, No lacerations, No bruising, No abrasions, No burns, No frostbite, No other lesions. Within Normal Limits .

EYES:

Visual acuity: 20/20, No refractive error, No cataracts, No glaucoma, No macular degeneration, No other lesions. Within Normal Limits .

EARS:

External: No tenderness, No swelling, No deformity, No trauma, No lacerations, No bruising, No abrasions, No burns, No frostbite, No other lesions. Within Normal Limits .

Internal: No tenderness, No swelling, No deformity, No trauma, No lacerations, No bruising, No abrasions, No burns, No frostbite, No other lesions. Within Normal Limits .

HEENT: No tenderness, No swelling, No deformity, No trauma, No lacerations, No bruising, No abrasions, No burns, No frostbite, No other lesions. Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-18	
Omeprazole ,20 MG CPDR, TAKE 1 CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-14	
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-13	
Hydrocodone-Acetaminophen ,5-325 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES DAILY, MUST LAST 30 DAYS, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-08	
Triamcinolone Acetonide ,0.1 % CREA, APPLY TO SKIN 2 TO 3 TIMES PER DAY, Quantity: 454, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05	

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 those sold, the fact I'm a little 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. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Asthma/chronic obstructive pulmonary disease, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Depression, continue current plan.
5. Anemia, continue current plan.
6. Congestive heart failure with systolic complications, continue current plan.
7. Intellectual disabilities, continue to monitor.
8. Chronic pain syndrome, continue current pain medication.
9. Hyperlipidemia, continue current plan.
10. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
11. Schizophrenia, continue current plan.
12. Bipolar, continue current plan.
13. Cirrhosis of liver, continue current plan.
14. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows:

Advair 250/50
TAC 1% Cream.

Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	

Osteoarthritis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01
Arthropathy, unspecified, lower leg (ICD10:M12.9 Arthropathy, unspecified) Unknown or N/A	Active	2015-10-01
Malignant hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Chronic obstructive asthma, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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
Dissection of aorta, thoracic (ICD10:I71.01 Dissection of thoracic aorta) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Cirrhosis of liver without mention of alcohol (ICD10:K74.60 Unspecified cirrhosis of liver) 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
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, lower leg (ICD10:M17.9 Osteoarthritis of knee, unspecified) 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
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) 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
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Heart disease, unspecified (ICD9:429.9 Heart disease, unspecified) Unknown or N/A	Active	
Iron deficiency anemia, unspecified (ICD9:280.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	
Contact dermatitis and other eczema (ICD9:692.0 Contact dermatitis and other eczema due to detergents) Unknown or N/A	Active	

Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active
Mixed hyperlipidemia (ICD9:272.2 Mixed hyperlipidemia) Unknown or N/A	Active
Hypertonicity of bladder (ICD9:596.51 Hypertonicity of bladder) Unknown or N/A	Active
Unspecified intellectual disabilities (ICD9:319 Unspecified mental retardation) Unknown or N/A	Active
Conjunctivitis, unspecified (ICD9:372.30 Conjunctivitis, unspecified) Unknown or N/A	Active
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active
Pain in joint, multiple sites (ICD9:719.49 Pain in joint, multiple sites) Unknown or N/A	Active
Gout, unspecified (ICD9:274.9 Gout, unspecified) Unknown or N/A	Active
Sprain of neck (ICD9:847.0 Sprain of neck) Unknown or N/A	Active
Sprains and strains of other specified sites of hip and thigh (ICD9:843.8 Sprains and strains of other specified sites of hip and thigh) Unknown or N/A	Active
Contact dermatitis and other eczema, unspecified cause (ICD9:692.9 Contact dermatitis and other eczema, unspecified cause) Unknown or N/A	Active
Allergic rhinitis, cause unspecified (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active
Depressive disorder (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active
Cough (ICD9:786.2 Cough) Unknown or N/A	Active

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Removal of Gallstones Unknown or N/A	Active	2015-08-19	
Uterine fibroid Unknown or N/A	Active		
Left oophorectomy (2011) Unknown or N/A	Active		
Tubal ligation 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: Emrick Services INC

Primary Justification Medical Conditions:

Anemia,Asthma,bipolar,Depression,diabetes,Heart_Failure,hyperlipidemia,HTN,Schizophrenia

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 schizophrenia and inability to self medicate

Certification Statement: Patient is home bound due to schizophrenia. Patient experience periods of confusion and is unsafe to leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-10-20 03:26

Signed By (Physician): 18

Signed on (Physician): 2016-10-27 03:26

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Adult sized disp incont prod Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
At ease contoured peach PA Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
CA Rezz gentle wash Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
CA Rezz Cream Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
Urinary incontinence, unspecified ordered urinary incontinence from Envision Medical Supply. (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

Procedure Order:

Patient ID	1219	Order ID	1222
Patient Name	Brown, Jacqueline	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-27**.

Printed on 04-Dec-2016 17:36:25 pm.