

Fannie Walker: Patient Information
Patient Record Number:6259

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: Fannie J Walker
External ID: 6259
DOB: 1936-06-05
Sex: Female
S.S.: 428-60-7588
Marital Status: Married

Address: 6451 Palm Island St
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Mobile Phone: 972-225-2111
Street Address: 6451 Palm Island St
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-23-2016.
Father: Father died of myocardial infraction, hypertension, and hyperlipidemia. .
Mother: Mother died of myocardial infraction, hypertension, and hyperlipidemia..
Siblings: Seven sisters, in which six alive and one is died. Six boys, one is alive with myocardial infarction. .
Offspring: Three girls and five boys. One girl with diabetes mellitus. .

Social History:

Last Recorded On: 10-23-2016.
Tobacco: Former smoker Stopped smoking in 1984. **Status:** Quit
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Other History: Influenza in 2015..

Tests and Exams:

Last Recorded On: 10-23-2016.
Mammogram (>40yrs, Yearly) N/A Mammogram 2014.
Sigmoid/Colonoscopy N/A Done in 2012.
PAP Smear N/A Done in 2012.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2002-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 428607588A
Group Number :
Employer Name : Fannie Walker

Immunizations:

Fannie Walker: Chief Complaint
Patient Record Number:6259

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Seen by Derrick Love-Jones
Seen on 02-August-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions of vitamin D deficiency, gout, muscle spasms, osteoarthritis, lumbago, coronary artery disease, hypertension, asthma, hyperlipidemia, and abnormal gait. Patient complains of lower back and leg pain.

History of Present illness:

HPI Status:Finalized

An 80-year-old African-American female in NAD with multiple chronic conditions of the following vitamin D deficiency, gout, muscle spasms, osteoarthritis, lumbago, coronary artery disease, hypertension, asthma, hyperlipidemia, and abnormal gait. Patient states that she is having lower back and leg pain. Patient states that this pain has been an ongoing issue for several years. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-02	148	64	0.00	0.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Revised: 11/27/2018 @ TheTalgat:

Not to be Reproduced Without Permission

No ~~INTERMITTENT~~ Breath

Non-Disruptive

End of the Line

No Significant Difference

No Distress

No Monstrosities

Physical Exam:

REMARKS:

Subtotal: 100% (100%) **Overall: 100% (100%)** **Within Normal Limits**

NEERO:

ENT: 12/02/2012 ENT: Normal. Bilateral Nasal Turbinates - Within Normal Limits. Glands - pink, Bilateral Nasal Turbinates - Within Normal Limits .

PSYCH:

RRR/Air/O2/Temp/Normal/Moist Alert and Oriented X3-Within Normal Limits.

RESP:

Patient A Type With Normal Glucose Within Normal Limits .

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

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 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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, Vit D, LIPID LDL/HDL. Patient verbalize understanding of the above

plan 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. Lumbago with sciatica, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Gout, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Muscle spasms, continue current plan.
6. Neuropathy, continue current plan.
7. Vitamin D deficiency, continue current plan.
8. Asthma, continue current plan.
9. Coronary artery disease, continue current plan.
10. Hyperlipidemia, continue current plan.
11. Hypertension with vascular complications, continue current plan.
12. Abnormal gait, continue to monitor

Medication refills as follows:

Allopurinol 300 mg Q.D.
Pro-Air INH.

Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-08-02	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-02	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-02	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-02	
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-08-02	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-02	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Back surgery in 2015. Unknown or N/A	Active		
Hysterectomy at the age of 75. Unknown or N/A	Active		
Appendectomy at the age of 59. 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: Bonyl Home healthcare

Primary Justification Medical Conditions: hyperlipidemia,Rheumatoid Arthritis_Osteoarthr,HTN,Asthma

Additional Medical Conditions: Gout, Muscle Spasms, Neuropathy, Lumbago, Abnormal Gait

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 advanced age, limited mobility, and the inability to self medicate correct

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-02 04:02

Signed By (Physician): 18

Signed on (Physician): 2016-08-09 04:02

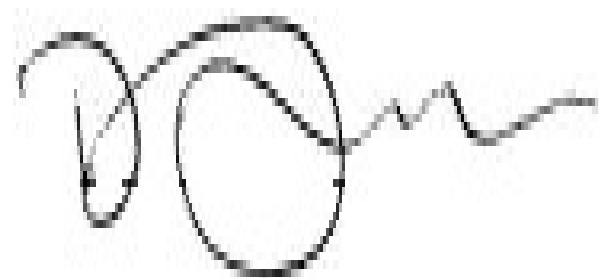
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6259	Order ID	789
Patient Name	Walker, Fannie J	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-23		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-09**.

Printed on 23-Oct-2016 20:52:50 pm.