

**Elvira Drennon: Patient Information**  
Patient Record Number:921

**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:** Elvira Drennon  
**External ID:** 921  
**DOB:** 1952-01-03  
**Sex:** Female  
**S.S.:** 461-90-0138  
**Marital Status:** Single  
**User Defined:** Lives with Cedric Green  
**Patient Drive Folder:** 0B0x\_tbqdBdPhZ25vUVFPaW1hOEE

**Address:** 2331 Kathleen Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Home Phone:** 214-484-9157  
**Work Phone:** 214-723-1390  
**Mobile Phone:** 469-650-2992  
**Street Address:** 2331 Kathleen Ave  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 02-11-2017.  
**Father:** Unknown..  
**Mother:** Mother had cerebrovascular affects. .

## Social History:

**Last Recorded On:** 02-11-2017.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..  
**Other History:** Influenza November 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1991-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2014-03-19  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 461900138A  
**Group Number :**  
**Employer Name :** Elvira Drennon  
**Copay :**  
**Insured ID Number :** 519224256  
**Group Number :**  
**Employer Name :** Elvira Drennon

**Immunizations:**

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Description	Status	Start Date	End Date
Nifedical XL ,60 MG TB24, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-11-21	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Spironolactone ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-21
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-28
Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-28
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET 30 MINUTES BEFORE BREAKFAST DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-15
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05

## 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 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 the 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. Patient was given card with number to the office for any questions or concerns. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Neuropathy, continue current plan.
3. Peripheral vascular disease, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Congestive heart failure with systolic complications, continue current plan.
6. Gout, continue current plan.
7. Edema of lower extremities, continue current plan.
8. Cerebrovascular effects, continue to monitor.
9. Anxiety, continue current plan.

Medication refills as follows:

Allopurinol 10 mg q.d.  
Lisinopril 40 mg q.d.  
IBU 800 mg b.i.d.  
HCTZ 12.5 mg q.d.  
Metformin 500 mg q.d.  
Norco 10/325 mg t.i.d.  
Xanax 0.5 mg t.i.d.  
Lasix 20 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Epilepsy, unspecified, not intractable, with status epilepticus ( ICD10:G40.901 Epilepsy, unspecified, not intractable, with status epilepticus) Unknown or N/A	Active	2016-11-03	
Localized edema ( ICD10:R60.0 Localized edema) Unknown or N/A	Active	2016-10-27	

Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-09-14
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-14
Pressure ulcer of right buttock, stage 2 ( ICD10:L89.312 Pressure ulcer of right buttock, stage 2) Unknown or N/A	Active	2016-09-04
Diabetes mellitus due to underlying condition with diabetic polyneuropathy ( ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-09-04
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity ( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-27
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-27
Unspecified systolic (congestive) heart failure ( ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-27
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-27
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27
Hypertensive heart disease with heart failure ( ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2016-07-06
Chronic combined systolic (congestive) and diastolic (congestive) heart failure ( ICD10:I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-07-06
Type 1 diabetes mellitus with diabetic polyneuropathy ( ICD10:E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2016-07-06
Peripheral vascular disease, unspecified ( ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-07-06
Acute, but ill-defined, cerebrovascular disease ( ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Unspecified hereditary and idiopathic peripheral neuropathy ( ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) 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
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

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Cerebrovascular effects. 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:** LG Charity Home Health

**Primary Justification Medical Conditions:** diabetes,hyperlipidemia,HTN,Mobility\_Impairments,Rheumatoid

Arthritis\_Osteoarthr,Stroke

**Additional Medical Conditions:** CHF, Wheelchair Bound, Depression, CVA Effects

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Patient is homebound due to mobility issues, wheelchair-bound, and inability to self medicate correctly.

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

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-28 03:08

**Signed By (Physician):** 18

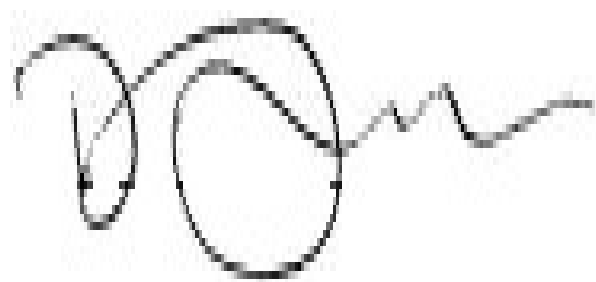
**Signed on (Physician):** 2017-01-04 03:09

**Form\_status:** finalized

## Procedure Order:

Patient ID	921	Order ID	1592
Patient Name	Drennon, Elvira	Ordered By	Love-Jones, Derrick
Order Date	2016-12-28 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
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 **Derrick Love-Jones** on **2017-01-04**.

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