

Deniece Lester: Patient Information
Patient Record Number:6215

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: Deniece Lester
External ID: 6215
DOB: 1978-06-23
Sex: Female
S.S.: 259552319
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhbzIFOTZNR0pyeDQ

Address: 200 Jellison Blvd
City: Duncanville
State: Texas
Postal Code: 75116
Country: USA
Mobile Phone: 469-507-1172
Street Address: 200 Jellison Blvd
Apt/Suite/Other: 611

Family History:

Last Recorded On: 02-11-2017.
Father: Father died of myocardial infarction..
Mother: Mother is alive, complains of seizures and anxiety..
Spouse: Two sisters, which are died..
Offspring: One boy who is healthy..

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..
Developmental History: Well..
Other History: Immunization, none..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2007-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 259552319A
Group Number :
Employer Name : Deniece Lester
Copay :
Insured ID Number : 516977820
Group Number :
Employer Name : Deniece Lester

Immunizations:

Deniece Lester: Chief Complaint
Patient Record Number:6215

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Seen by Derrick Love-Jones
Seen on 11-January-2017

Chief Complaint Status:finalized

Followup home visit to prevent further decline of the following chronic medical conditions of insomnia, anxiety, depression, gastroesophageal reflux disease, chronic pain syndrome, muscle spasms, neuropathy, bipolar, and chronic migraines. Patient complains of lower back pain and muscle spasms.

History of Present illness:

HPI Status:Finalized

A 38-year-old African-American female in no acute distress with multiple chronic conditions of insomnia, anxiety, depression, gastroesophageal reflux disease, chronic pain syndrome, muscle spasms, neuropathy, bipolar, and chronic migraines. Patient has a long history of mental health issues and chronic pain due to trauma. Patient states that she continuously has pain in her lower back and lower extremities that is relieved with current pain and muscle spasm medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache nausea vomiting at this time. Reviewed medications. Reviewed labs.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2017-01-11	136	87	212.00	65.00	97.60	16.00	~	35.3	0.00

Review of Systems:

Constitutional:

General: No weight loss
Endocrine: No weight loss
Neurologic: No weight loss
Musculoskeletal: No weight loss
Cardiovascular: No weight loss
Respiratory: No weight loss
Gastrointestinal: No weight loss
Genitourinary: No weight loss
Skin: No weight loss
Other: No weight loss

Physical Exam:

HEENT: Eyes - conjunctivae pink, bilateral nasal turbinates within normal limits.
ENT: No weight loss
CV: No weight loss
RESP: No weight loss
GI: No weight loss
GU: No weight loss
SKIN: No weight loss

Medication:

Description	Status	Start Date	End Date
Gabapentin ,800 MG TABS, TAKE 1 TABLET 2 TIMES DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-07	
Gabapentin ,800 MG TABS, TAKE 1 TABLET 2 TIMES DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-05	

NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-04
Amitriptyline HCl ,10 MG TABS, TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-23
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-23
Abilify ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-21
Amitriptyline HCl ,10 MG TABS, TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17
Tradjenta ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-15
ALPRAZolam ,0.5 MG TABS, TAKE 2 TABLETS AT BEDTIME, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-09-07
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Tradjenta ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Abilify ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-22
Amitriptyline HCl ,10 MG TABS, TAKE ONE TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Carisoprodol ,350 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Tradjenta ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Abilify ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24

Amitriptyline HCl ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24
Omega-3-acid Ethyl Esters ,1 GM CAPS, TAKE 1 CAPSULE TWICE DAILY WITH FOOD, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication and here's 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. The patient verbalized understanding of the above plan and was encouraged to exercise daily as tolerated. No labs needed this visit. Patient 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. Muscle spasms, continue current plan.
2. Bipolar continue, current plan.
3. Insomnia, continue current plan.
4. Neuropathy, continue current plan
5. Chronic pain syndrome, continue current pain medication.
6. Lumbago with sciatica, continue current plan.
7. Anxiety, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Osteoarthritis with chronic pain, continue current plan.
10. Depression, continue current plan.
11. Chronic migraines, continue current plan.

Medication refills as follows,

Nexium 40 mg q.d.
Trajenta 5 mg q.d.
Alprazolam 0.5 mg t.i.d.
Amitriptyline 10 mg q.h.s.
Norco 10/325 mg t.i.d.
carisoprodol 350 mg b.i.d.
Abilify 5 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2017-01-11	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-10-26	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-10-26	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-09-13	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-13	

Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-26
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-26
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-26
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-24
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-06-24
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-06-24
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-24

Allergies:

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

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

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: bipolar, Depression

Additional Medical Conditions: Insomnia, GERD, Chronic Pain Syndrome, Neuropathy, Chronic Migraines

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: Patient is homebound due to chronic pain syndrome uncontrolled muscle spasms and mental health issues

Certification Statement: No skilled nurse she needed at this time

Signed by (NP): 16

Signed On (NP): 2017-01-11 03:34

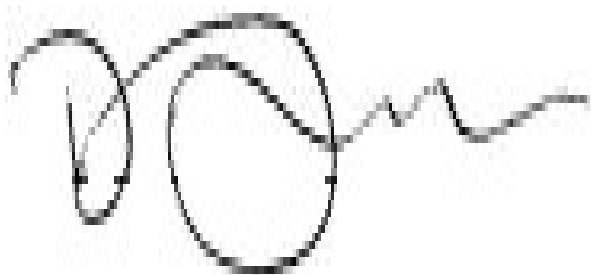
Signed By (Physician): 18

Form_status: finalized

Procedure Order:

Patient ID	6215	Order ID	1480
Patient Name	Lester, Deniece	Ordered By	Love-Jones, Derrick
Order Date	2017-01-11 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	2017-01-11 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2017-01-18**.

Printed on 12-Feb-2017 19:28:32 pm.