

Shirley Freeman: Patient Information
Patient Record Number:5729

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

Name: Shirley Freeman

External ID: 5729

DOB: 1957-04-21

Sex: Female

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXR0J4bFJKOWxzRDQ>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 07-22-2016.

Risk Factors: Insomnia,Neuropathy,Severe Migraine.

Additional Medical History: Cyst on both sides of neck..

Family History:

Last Recorded On: 07-22-2016.

Offspring: Patient has one son..

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.

Risk Factors: None.

Social History:

Last Recorded On: 07-22-2016.

Tobacco: Current every day smoker Patient still smokes 1 pack per day **Status:** Current

Alcohol: Social drinker. **Status:** Current

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

Nutrition History: Regular diet..

Developmental History: Well.

Other History: Influenza November 2015.

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Molina Healthcare of Texas (Z1161)**Priority :** Primary**Start Date :** 2010-01-01**Relationship to Insured :** Self**Type :** N/A**Payer :** Molina Healthcare of Texas (Z1161)**Priority :** Primary**Start Date :** 2013-08-01**Relationship to Insured :** Self**Type :** N/A**Payer :** Molina Healthcare of Texas (Z1161)**Copay :****Insured ID Number :** 525759279**Group Number :****Employer Name :** Freeman Shirley**Copay :****Insured ID Number :** 525759279**Group Number :****Employer Name :** Shirley Freeman**Immunizations:**

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Chief Complaint Status:finalized
Follow up home visit for management of schizophrenia, insomnia, hypertension, asthma, neuropathy, osteoarthritis, chronic pain.
Patient complains of shoulder pain.

HPI Status:Finalized
A 59-year-old African-American female in NAD with multiple chronic conditions of osteoarthritis, hypertension, insomnia, neuropathy, schizophrenia, borderline diabetes mellitus type 2. Patient states that she has been stressed out at home and this has caused pain and stiffness in her shoulders. Patient denies any other issues upon examination. Patient denies any CP, HA, N/V at this time. Reviewed labs. Reviewed medications.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-08	104	65	100.00	63.00	97.60	20.00	~	17.7	0.00

Constitutional:

My Mind Is Not A Target:

- No Chemical Warfare
- No Biological Warfare
- No Psychological Warfare
- No Deception Of Breath
- No Mind Control
- No Drug Abuse
- No Use Of Antidepressants

ENT:
Nose-Ends of Rhinorrhoea-Within Normal Limits .

EYE:
Bulge, Hardness, Redness, Discharge, Mass, Other Lesions, Conjunctiva, Bilateral Nasal Turbinates-Within Normal Limits .

RESP:
Percussion-Within Normal Limits .

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

MUSC:
Strength-Within Normal Limits .

NEURO:
CN2-12 Intact-Within Normal Limits .

PSYCH:
Normal Affect, Judgement and Mood, Alert and Oriented X3-Within Normal Limits .

Patient Appears To Be In Good Mood-Within Normal Limits .

Description	Status	Start Date	End Date
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ProAir HFA ,108 (90 Base) MCG/ACT AERS, Take 2 puffs 2-3 times daily as needed, Quantity: 8.5, Refill Quantity: 3

Unknown or N/A

Active

2015-11-23

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Insomnia, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Neuropathy, continue current plan.
6. Schizophrenia, continue current plan.
7. Anxiety, continue current plan.
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) 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	
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, 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	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Right neck lymph node biopsy. 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-07-08 07:57

Signed By (Physician): 18

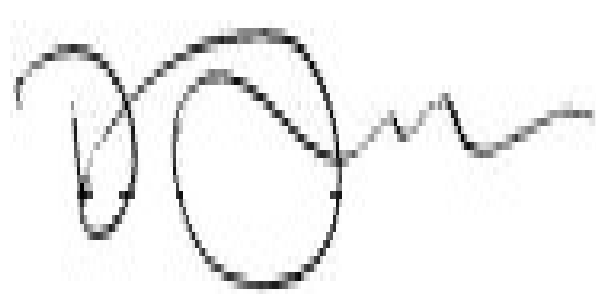
Signed on (Physician): 2016-07-15 07:57

Form_status: finalized

Procedure Order:

Patient ID	5729	Order ID	707
Patient Name	Freeman, Shirley	Ordered By	Love-Jones, Derrick
Order Date	2016-09-11	Print Date	2016-09-11
Order Status	complete	Encounter Date	2016-09-11
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-11		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-14**.

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