

Dian Lester: Patient Information
Patient Record Number:6208

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: Dian D Lester
External ID: 6208
DOB: 1952-06-29
Sex: Female
S.S.: 439869396
Marital Status: Widowed
Patient Drive Folder: Lives with Herman Dawson

Address: 6855 Clarkwood Dr
City: Dallas
State: Texas
Postal Code: 75236
Country: USA
Mobile Phone: 214-846-1465
Street Address: 6855 Clarkwood Dr
Apt/Suite/Other: Apt#1401, Face#2

Family History:

Last Recorded On: 10-01-2016.
Father: Father died of unknown disease. .
Mother: Mother died of myocardial infarction, hypertension, and hyperlipidemia..
Offspring: Three girls..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2015-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Tricare South Region (TRICS)

Copay :
Insured ID Number : 439869396A
Group Number :
Employer Name : Dian Lester
Copay :
Insured ID Number : 439869396
Group Number :
Employer Name : Dian Lester

Immunizations:

Dian Lester: Chief Complaint
Patient Record Number:6208

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Seen by Derrick Love-Jones
Seen on 26-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of lumbago with chronic pain, muscle spasms, hypertension, hyperlipidemia, chronic pain syndrome, osteoarthritis with chronic pain, anxiety, insomnia and chronic pain syndrome. Patient c/o hip pain and pain in both legs.

History of Present illness:

HPI Status:Finalized

A 64-year-old African-American female in NAD multiple chronic conditions of the following lumbago with chronic pain, muscle spasms, hypertension, hyperlipidemia, chronic pain syndrome, osteoarthritis with chronic pain, anxiety, insomnia and chronic pain syndrome. Patient has a history of pain in both hips that radiates to both legs. Patient gets relief from pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|-----|-----------|
| 2016-07-26 | 131 | 74 | 220.00 | 65.00 | 97.60 | 20.00 | ~ | 0.0 | 0.00 |

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

IMPRESSIONS:
 No significant abnormality seen. The paranasal sinuses are within normal limits.

[illegible]

BACK:
Reflexes Normal/Weak/Noxious/Diminished Normal Limits.

CV:
RRR-Within Normal Limits .

RESP:
Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his 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 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 increased exercise daily. No labs needed this visit. Patient verbalized understanding of the above planet was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Anxiety, continue current plan.
3. Muscle spasms, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Allergic rhinitis, continue current plan.
6. Lumbago with chronic pain, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Insomnia, continue current plan.

Medication refills of the following:

Norco 10/325 mg t.i.d.
 Carisoprolol 350 mg b.i.d.
 Singular 10 mg q.d.
 Alproazam 1 mg b.i.d.
 Nystatin ointment.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| 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 | |
| Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A | Active | 2016-07-26 | |
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-07-26 | |
| Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2016-06-21 | |
| Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A | Active | 2016-06-21 | |
| 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 | 2016-06-21 | |

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: 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:

Primary Justification Medical Conditions: HTN,hyperlipidemia

Additional Medical Conditions: Chronic Pain Syndrome, Anxiety, Insomnia, Muscle Spasms

Nursing Required: YES

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 and debilitating pain,.

Certification Statement: Skilled nursing is needed due to uncontrolled chronic pain and inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-07-26 03:49

Signed By (Physician): 18

Signed on (Physician): 2016-07-31 03:49

Form_status: finalized

Procedure Order:

| | | | |
|--------------|----------------|----------------|---------------------|
| Patient ID | 6208 | Order ID | 762 |
| Patient Name | Lester, Dian D | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-10-01 | Print Date | 2016-10-01 |
| Order Status | complete | Encounter Date | 2016-10-01 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-10-01 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |

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