

Shywannah Walton: Patient Information
Patient Record Number:6099

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: Shywannah Walton
External ID: 6099
DOB: 1970-05-08
Sex: Female
S.S.: 466296729
Marital Status: Divorced

Address: 8312 Willoughby Blvd
City: Dallas
State: Texas
Postal Code: 75232
Country: USA
Mobile Phone: 214-600-1598
Street Address: 8312 Willoughby Blvd
Apt/Suite/Other: 1129

Family History:

Last Recorded On: 10-01-2016.
Father: Father is alive with unknown diseases. .
Mother: Mother is alive, had hypertension..
Siblings: Two sisters and one brother..
Offspring: Two boys and two girls..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Smokes 1/2 packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Immunizations, none..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 466296729A
Group Number :
Employer Name : Shywannah Walton

Immunizations:

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Follow up home visit for management of prevent further decline of the following chronic medical conditions such as diabetes mellitus type 2, hypertension, lupus, neuropathy, osteoarthritis, rheumatoid arthritis, chronic pain, and carpal tunnel. Patient complains of pain in knees and shoulders.

Patient is a 46-year-old African American female in NAD with multiple chronic conditions of the following diabetes mellitus type 2, hypertension, lupus, neuropathy, osteoarthritis, rheumatoid arthritis, chronic pain, and carpal tunnel. Patient denies any new issues upon examination. Patient currently has knee pain and pain in her shoulders that is relieved with current pain medication. Patient rates her pain at 7/10. Patient denies any hypoglycemic episodes and foot check revealed numbness and tingling. Patient denies any CP, HA, N/V.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-26	118	89	213.00	66.00	97.60	20.00	~	0.0	0.00

Description	Status	Start Date	End Date
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 14, Refill Quantity: 1			
Unknown or N/A	Active	2016-08-09	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Gabapentin ,600 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 180, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-23
Amitriptyline HCl ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-21
GlyBURIDE ,2.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-21
PredniSONE ,20 MG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-21
Lisinopril ,2.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
Gabapentin ,600 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-12
Lisinopril ,2.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-12
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, 30 units am 30 units pm, Quantity: 1800, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-12
Plaquenil ,200 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-12
PredniSONE ,20 MG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-12
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 14, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-12
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-11

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 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, headache, greater than 200. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any question. Prognosis is this fair and patient is stable.

OA w/chronic pain continue current plan
NEUROPATHY continue current plan
DM2 w/neuropathy continue current plan
HTN w/vascular complications continue current plan
LUPUS continue current plan
CHRONIC PAIN SYNDROME continue current pain medication

Medication refills as follows:
Norco 10/325 mg t.i.d

Medical Problem:

Description	Status	Start Date	End Date
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	2016-07-26	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-22	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-22	
Other local lupus erythematosus (ICD10:L93.2 Other local lupus erythematosus) Unknown or N/A	Active	2016-05-17	
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-17	
Systemic lupus erythematosus, unspecified (ICD10:M32.9 Systemic lupus erythematosus, unspecified) Unknown or N/A	Active	2016-04-20	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-20	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-11	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-11	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-11	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-02-11	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-11	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy in 2002. Unknown or N/A	Active		

Tonsillectomy at the age of 6.
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: diabetes,HTN

Additional Medical Conditions: Lupus, Chronic Pain, Carpal Tunnel

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 systemic lupus, chronic hand pain, and the inability to self medicate correctly.

Certification Statement: Patient is home-bound is in need of skilled nursing due to systemic lupus, chronic pain and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-07-26 04:37

Signed By (Physician): 18

Signed on (Physician): 2016-07-31 04:37

Form_status: finalized

Procedure Order:

Patient ID	6099	Order ID	765
Patient Name	Walton, Shyannah	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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