

Cathy Benson: Patient Information
Patient Record Number:1287

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: Cathy A Benson
External ID: 1287
DOB: 1956-06-29
Sex: Female
S.S.: 464-02-5772
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhM1B6MHh1T3IBUIE

Address: 2627 East Illinois Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 214-371-1552
Street Address: 2627 East Illinois Avenue
Apt/Suite/Other: 122

Past Medical History:

Last Recorded On: 02-04-2017.
Risk Factors: Hepatitis,Thyroid Disease (Low or High).

Family History:

Last Recorded On: 02-04-2017.
Father: Father had hypertension, heart disease, and diabetes mellitus type 2..
Mother: Mother had hypertension, heart disease, and diabetes mellitus type 2..
Offspring: Two sons..
Other Family Relative: Aunt has history of cancer..

Primary Family Med Conditions:

Last Recorded On: 02-04-2017.
Chronic Conditions: Diabetes,Heart Failure,Hypertension.
Chronic Body System Category: Diseases of the circulatory system .

Social History:

Last Recorded On: 02-04-2017.
Tobacco: Current every day smoker Smokes 2 cigarettes a day. **Status:** Current
Coffee:
Alcohol: Drink one can of beer a day. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Regular diet..
Developmental History: Educational level is 12th grade..

Tests and Exams:

Last Recorded On: 02-04-2017.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-11-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-10-05
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)
Priority : Secondary
Start Date : 2011-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 464025772A
Group Number :
Employer Name : Cathy Benson
Copay :
Insured ID Number : 16984733
Group Number :
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Copay :
Insured ID Number : 464025772A
Group Number :
Employer Name : Cathy Benson
Copay :
Insured ID Number : 505208811
Group Number :
Employer Name : Cathy Benson
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Insured ID Number : 505208811
Group Number :
Employer Name : Cathy Benson

Immunizations:

Cathy Benson: Chief Complaint
Patient Record Number:1287

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Seen by Derrick Love-Jones
Seen on 13-December-2016

Chief Complaint Status:finalized

Follow up home visit for management of mood disorder, anxiety, osteoarthritis, coronary artery disease, rheumatoid arthritis, contact dermatitis, heart disease, alcohol cirrhosis of liver, chronic obstructive pulmonary disease, hypertension, lumbago, hepatitis-c, chronic pain, psoriasis, depression, and schizophrenia. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

Patient is a 60-year-old female in no acute distress with multiple chronic conditions of hypertension, anxiety, osteoarthritis, and coronary artery disease. Patient states her knees have been hurting for many years. Patient rates her current pain at 6/10 today and states she does get some relief from current pain medication. Patient denies any chest pain, headache, or nausea or vomiting currently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-13	133	78	180.00	65.00	97.80	16.00	~	30.0	0.00

Review of Systems:

Constitutional:

Developmental Psychology: Piaget's Theory:

REFERENCES

No. ~~XXXXXXXXXX~~ ME S

Neurological Effects of Cocaine

No. ~~11111111~~ 1150

No. 1

Non-Functional Independence

[illegible]

Not Even Foreigners

No FREE INFORMATION

Do you have any other comments? YES

No. **Planned** **Revised**

No Blood In Urine

No ☐ Limited Range Of Motion YES ☒

No Effect Of Estrogen

Physical Exam:

DEFICIENCIES:

Optic Atrophy-Within Normal Limits .

RISK:

Subpart 1.00 - Turbines-Within Normal Limits .

CV:

RRR-Within Normal Limits..

Thrills or Heaves-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Valsartan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-15
Metoprolol Tartrate ,25 MG TABS, Take One Table Twice A Day For Heart Condition, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-13
Triamcinolone Acetonide ,0.1 % OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 454, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-11
Valsartan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-11
Zolpidem Tartrate ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-11
ALPRAZolam ,1 MG TABS, TAKE 1 TAB DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-04-08
Carisoprodol ,350 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Diovan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Metoprolol Tartrate ,25 MG TABS, Take One Table Twice A Day For Heart Condition, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Triamcinolone Acetonide ,0.1 % OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 454, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
2. Chronic obstructive pulmonary disease, continue current plan.
3. Coronary artery disease, continue current plan.

4. Depression, continue current plan.
5. Chronic pain syndrome, continue current pain medications.
6. Lumbago with chronic pain, continue current plan.
7. Hypertension with vascular complications, continue current plan.
8. Anxiety, continue current plan.
9. Gastroesophageal reflux disease, continue current plan.
10. Heart disease, continue current plan.
11. Hepatitis C, continue current plan.
12. Psoriasis, continue current plan.
13. Cirrhosis of liver, continue current plan.
14. Allergic rhinitis, continue current plan.
15. Schizophrenia, continue current plan.

Medication refills as follows,

Alprazolam 0.5 mg t.i.d.

Norco 10/325 mg t.i.d.

Valsartan 160 mg q.d.

Zolpidem 10 mg q.h.s.

Medical Problem:

Description	Status	Start Date	End Date
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-06	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-06	
Atherosclerosis of coronary artery bypass graft(s) without angina pectoris (ICD10:I25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris) Unknown or N/A	Active	2015-10-06	
Unilateral primary osteoarthritis, unspecified knee (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Heart disease, unspecified (ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Other specified papulosquamous disorders (ICD10:L44.8 Other specified papulosquamous disorders) Unknown or N/A	Active	2015-10-01	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Contact dermatitis and other eczema due to other specified agents (ICD10:L25.8 Unspecified contact dermatitis due to other agents) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Chronic pulmonary heart disease, unspecified (ICD10:I27.9 Pulmonary heart disease, unspecified) Unknown or N/A	Active	2015-10-01
Alcoholic cirrhosis of liver (ICD10:K70.30 Alcoholic cirrhosis of liver without ascites) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01
Psoriasis (ICD10:L40.8 Other psoriasis) Unknown or N/A	Active	2015-10-01
Depression (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Hepatitis C (ICD10:B19.20 Unspecified viral hepatitis C without hepatic coma) Unknown or N/A	Active	2015-10-01
Allergic rhinitis (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) 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
Cirrhosis of liver without mention of alcohol (ICD10:K74.60 Unspecified cirrhosis of liver) Unknown or N/A	Active	2015-10-01
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Heart disease, unspecified (ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2015-10-01
Other psoriasis and similar disorders (ICD10:L44.8 Other specified papulosquamous disorders) Unknown or N/A	Active	2015-10-01
Unspecified episodic mood disorder (ICD9:296.90 Unspecified episodic mood disorder) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
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Penicillin (ICD9:V14.0 Personal history of allergy to penicillin) Unknown or N/A	Active
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Surgeries:

Description	Status	Start Date	End Date
Thyroid surgery Unknown or N/A	Active		
Gallbladder Unknown or N/A	Active		
went to methodist in 2014 Unknown or N/A	Active		
went to methodist in 2014 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Emrick Services INC

Primary Justification Medical Conditions: COPD,Depression,HTN,Heart_Disease,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to schizophrenia and inability to self medicate currently.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-12-13 02:05

Signed By (Physician): 18

Signed on (Physician): 2016-12-20 02:05

Form_status: finalized

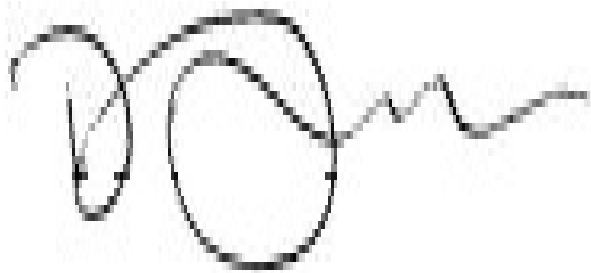
DME:

Description	Status	Start Date	End Date
Walker w/seat attachment(rollator) Unknown or N/A 2013-11-18 by Dr. Sumana Ketha	Active	2013-11-18	
Gloves Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		
Probe Covers Unknown or N/A	Active		

Procedure Order:

Patient ID	1287	Order ID	1344
Patient Name	Benson, Cathy A	Ordered By	Love-Jones, Derrick
Order Date	2016-12-13 00:00:00	Print Date	2017-02-05
Order Status	complete	Encounter Date	2017-02-05
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-13 00:00:00		Final ✓		0097	Pulse Oximetry	No	99%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-12-20**.

Printed on 05-Feb-2017 22:25:19 pm.