

**Ruthie Morgan: Patient Information**  
Patient Record Number:6124

**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:** Ruthie Morgan  
**External ID:** 6124  
**DOB:** 1960-01-08  
**Sex:** Female  
**S.S.:** 461291173

**Address:** 1863 W Mockingbird LN  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 752355050  
**Country:** USA  
**Mobile Phone:** 214-780-9219  
**Street Address:** 1863 W Mockingbird LN  
**Apt/Suite/Other:** 416

## Family History:

**Last Recorded On:** 10-06-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-06-2016.  
**Tobacco:** No smoking **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drugs **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well..

## Tests and Exams:

**Last Recorded On:** 10-06-2016.  
**Vitamin D (6 mo if on pills)** Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**TSH Thyroid-Stimulating Hormone (every year)** Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**CBC Complete Blood Count (3 months)** Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**LIPIDS (once year unless chol meds)** Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**LDL / HDL** Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**UA - Urinalysis - (Yearly - HH primary responsibility)** Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.  
**Urine Culture (prn)** Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2005-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2016-10-01  
**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 :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 461291173A  
**Group Number :**  
**Employer Name :** Ruthie Morgan  
**Copay :**  
**Insured ID Number :** 461291173A  
**Group Number :**  
**Employer Name :** Ruthie Morgan  
**Copay :**  
**Insured ID Number :** 276059901  
**Group Number :**  
**Employer Name :** Ruthie Morgan

**Immunizations:**

**Ruthie Morgan: Chief Complaint**  
Patient Record Number:6124

**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

**Seen by** Darolyn Perkins  
**Seen on** 28-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of chronic conditions of gout, hypertension, neuropathy, spondylosis, anxiety, hepatitis C, and insomnia. Patient complains of back pain x 4-5 days.

## History of Present illness:

**HPI Status:**Finalized

Patient is a 56-year-old female with multiple chronic conditions of gout, spondylosis, hepatitis C, insomnia, hypertension, chronic pain, neuropathy, and anxiety. Pain is in back, wrist and legs. Patient states her pain is 8/10. Patient states pain is controlled with pain medication. Patient denies chest pain, headache and nausea and vomiting. Patient does complain of dizziness.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-28	127	81	101.00	62.00	98.20	18.00	~	18.5	0.00

## Review of Systems:

**Constitutional:**

**Weight Loss:** No  
**Appetite:** No  
**Fatigue:** No  
**Chills:** No  
**Fevers:** No  
**Night Sweats:** No  
**Insomnia:** No  
**Depression:** No  
**Anxiety:** No  
**Incontinence:** No

## Physical Exam:

**HEENT:**

Head: No tenderness, swelling, or pain. Eyes: No redness, tearing, or discharge. Ears: No tenderness, swelling, or pain. Nose: No tenderness, swelling, or pain. Throat: No tenderness, swelling, or pain.

**HEENT:**

Head: No tenderness, swelling, or pain. Eyes: No redness, tearing, or discharge. Ears: No tenderness, swelling, or pain. Nose: No tenderness, swelling, or pain. Throat: No tenderness, swelling, or pain.

**ENT:**

Head: No tenderness, swelling, or pain. Eyes: No redness, tearing, or discharge. Ears: No tenderness, swelling, or pain. Nose: No tenderness, swelling, or pain. Throat: No tenderness, swelling, or pain.

**NECK:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

**GI:**

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

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

## Medication:

Description	Status	Start Date	End Date
-------------	--------	------------	----------

Amoxicillin ,500 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 21, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-21
Tessalon Perles ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-21
Cyproheptadine HCl ,4 MG TABS, TAKE 1 TABLET EVERY 8 HOURS DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
Ammonium Lactate ,12 % LOTN, APPLY TO THE AFFECTED AREA TWICE DAILY AS DIRECTED, Quantity: 400, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-12
Pataday ,0.2 % SOLN, USE 1 DROP IN EACH EYE EVERY DAY, Quantity: 2.5, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-12
AmLODIPine Besylate ,2.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-19
Cyproheptadine HCl ,4 MG TABS, TAKE 1 TABLET EVERY 8 HOURS DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-19
QUETiapine Fumarate ,300 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-19
Diovan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-22
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17
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	2016-03-17

## 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 little 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 encouraged to exercise daily. No

labs needed this visit. The patient verbalize understanding of the above planning to give them 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. Hypertension, continue current plan.
2. Anxiety, continue current plan.
3. Lumbago, continue current plan.
4. Chronic pain, continue current plan.
5. Neuropathy, continue current plan.
6. Schizophrenia, continue current plan.
7. Allergic rhinitis, continue current plan.

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

## Medical Problem:

Description	Status	Start Date	End Date
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-18	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-18	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-18	
Schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-05-18	
Allergic rhinitis, unspecified ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-05-18	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-12	
Generalized anxiety disorder ( ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2016-04-12	
Lumbago with sciatica, unspecified side ( ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-04-12	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-12	
Spondylosis, unspecified ( ICD10:M47.9 Spondylosis, unspecified) Unknown or N/A	Active	2016-03-15	
Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-03-15	
Unspecified viral hepatitis without hepatic coma ( ICD10:B19.9 Unspecified viral hepatitis without hepatic coma) Unknown or N/A	Active	2016-03-15	

## 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:** Lucent Home Health, LLC

**Primary Justification Medical Conditions:** Mobility\_Impairments,HTN,Depression

**Additional Medical Conditions:** Hep. C, neuropathy, anxiety

**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:** Skilled nursing needed due to chronic pain and uncontrolled hypertension and inability to self medicate.

**Certification Statement:** Patient is home bound due to chronic pain and uncontrolled hypertension. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 302

**Signed On (NP):** 2016-07-28 05:58

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-29 05:59

**Form\_status:** finalized

**Printed:**



Electronically Signed by **Darolyn Perkins** on **2016-08-04**.

Printed on 06-Oct-2016 21:02:12 pm.