

Joann Shoulder: Patient Information
Patient Record Number:6013

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: Joann Shoulder

External ID: 6013

DOB: 1958-10-11

Sex: Female

S.S.: 436-19-6361

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCTDF3bVJVVeGNQbmc

Address: 1415 Bennett Ave, Apt #P

City: Dallas

State: Texas

Postal Code: 75206

Country: USA

Guardian's Name: James Ward(Spouse)

Emergency Contact: Dialysis On Tue, Thu & Sat

Emergency Phone: 469-438-2990

Home Phone: 985-415-7976

Street Address: 1415 Bennett Ave

Apt/Suite/Other: P

Family History:

Last Recorded On: 07-14-2016.

Father: Father is blind and deceased. He complains of hypertension and diabetes..

Mother: Mother is deceased with end-stage renal disease, diabetes mellitus and hypertension..

Siblings: Three were deceased and eight are alive. There are 3 males and 5 females..

Other Family Relative: Grandparents, paternal 1 and maternal 1..

Social History:

Last Recorded On: 07-14-2016.

Tobacco: Current every day smoker Smokes one packet per day. **Status:** Current

Alcohol: No alcohol **Status:** Never

Recreational Drugs: No drugs **Status:** Never

Other History: Influenza in 2014. Tetanus in 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2009-03-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2015-10-01

Relationship to Insured : Self

Type : N/A

Payer : Amerigroup TX (27514)

Copay :

Insured ID Number : 436196361A

Group Number :

Employer Name : Joann Shoulder

Copay :

Insured ID Number : 616484397

Group Number :

Employer Name : Joann Shoulder

Immunizations:

Joann Shoulder: Chief Complaint
Patient Record Number:6013

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Seen by Derrick Love-Jones
Seen on 11-May-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of chronic conditions of hypertension, diabetes mellitus type 2, neuropathy, and end-stage renal disease. Patient complains of shortness of breath and tingling in both feet.

History of Present illness:

HPI Status:Finalized

A 57-year-old African American female in NAD to prevent further decline in chronic conditions of hypertension, diabetes mellitus type 2, neuropathy, and end-stage renal disease. Patient complains of shortness of breath and tingling in the bottom of her feet that comes and goes for several weeks. Patient denies any hypoglycemia and foot check revealed no issues this visit. Denies any chest pain, headache, nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-11	110	88	220.00	62.00	97.20	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Immunologic:

No Weight Loss
No Fever
No Night Sweats
No Polyuria/Polydipsia
No Polyphagia
No Pruritus
No Rash
No Injury
No Coryza
No Obstruction

Physical Exam:

HEENT:

Head - Within Normal Limits .
Eyes - Within Normal Limits .
Ears - Within Normal Limits .
Nose - Within Normal Limits .
Throat - Within Normal Limits .

HEENT:

Head - Within Normal Limits .
Eyes - Within Normal Limits .
Ears - Within Normal Limits .
Nose - Within Normal Limits .
Throat - Within Normal Limits .

CYMPH:

Head - Within Normal Limits .
Eyes - Within Normal Limits .
Ears - Within Normal Limits .
Nose - Within Normal Limits .
Throat - Within Normal Limits .

MUSC:

Strength - Within Normal Limits .
ROM - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Atenolol ,50 MG TABS, TAKE ONE TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 0	Active	2016-04-02	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2	Unknown or N/A	Active	2016-04-02
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Alcohol Prep ,70 % PADS, Use to clean area before testing for B/Su twice daily Dx E119, Quantity: 300, Refill Quantity: 3	Unknown or N/A	Active	2015-12-16
by ketha, Dr sumana - BK6230281 Texas Physician House Calls			
Blood Glucose Monitor System ,w/Device KIT, Check B/Su twice dailyDx E119, Quantity: 1, Refill Quantity: 0	Unknown or N/A	Active	2015-12-16
by ketha, Dr sumana - BK6230281 Texas Physician House Calls			
Blood Glucose Test , STRP, TEST TWICE DAILY, Quantity: 300, Refill Quantity: 3	Unknown or N/A	Active	2015-12-16
by ketha, Dr sumana - BK6230281 Texas Physician House Calls			
Lancets , MISC, Use to check B/Su twice daily Dx E119, Quantity: 300, Refill Quantity: 3	Unknown or N/A	Active	2015-12-16
by ketha, Dr sumana - BK6230281 Texas Physician House Calls			
Acura Blood Glucose Meter ,w/Device KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0	Unknown or N/A	Active	2015-12-11
by Jones, Derrick - MJ3217331 Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications. No new medications noted this visit. Medication education given to patient. 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 encouraged to exercise daily. No labs needed this visit. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension, continue current plan.
2. Diabetes mellitus type 2, continue current plan.
3. Depression, continue current plan.
4. End-stage renal disease, continue current plan.
5. Neuropathy, continue current plan.
6. Fluid overload, continue to monitor and educate patient on fluid management between HD treatments.
7. Peripheral vascular disease, continue current plan.

Medical Problem:

Description	Status	Start Date	End Date
Diabetes mellitus due to underlying condition with diabetic polyneuropathy (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-06-02	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-06-02	
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	2016-05-11	

Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-11
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-30
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-02-24
Type 2 diabetes mellitus with other diabetic ophthalmic complication (ICD10:E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication) Unknown or N/A	Active	2016-02-07
Legal blindness, as defined in USA (ICD10:H54.8 Legal blindness, as defined in USA) Unknown or N/A	Active	2016-02-07
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-16
Polyneuropathy, unspecified (ICD10:G62.9 Polyneuropathy, unspecified) Unknown or N/A	Active	2015-12-16
Type 2 diabetes mellitus with diabetic chronic kidney disease (ICD10:E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease) Unknown or N/A	Active	2015-12-09
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-09
Other specified diabetes mellitus with diabetic polyneuropathy (ICD10:E13.42 Other specified diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-10
Type 2 diabetes mellitus with diabetic polyneuropathy (ICD10:E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-10
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease (ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2015-10-10
Dependence on renal dialysis (ICD10:Z99.2 Dependence on renal dialysis) Unknown or N/A	Active	2015-10-10
End stage renal disease (ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2015-10-09
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09
Blindness, left eye, normal vision right eye (ICD10:H54.42 Blindness, left eye, normal vision right eye) Unknown or N/A	Active	2015-10-09
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-09

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2015-10-19	

Surgeries:

Description	Status	Start Date	End Date
Four C-Sections. Unknown or N/A	Active	2015-10-15	

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: Macbon home health inc

Primary Justification Medical Conditions: blindness,Kidney_Disease,diabetes,HTN

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to blindness and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to end-stage renal disease. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-05-11 05:03

Signed By (Physician): 18

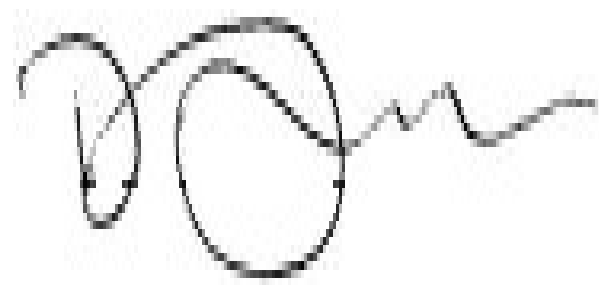
Signed on (Physician): 2016-05-18 05:03

Form_status: finalized

Procedure Order:

Patient ID	6013	Order ID	532
Patient Name	Shoulder, Joann	Ordered By	Love-Jones, Derrick
Order Date	2016-09-26	Print Date	2016-09-26
Order Status	complete	Encounter Date	2016-09-26
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-26		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-05-18**.

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