

**Nertha Watson: Patient Information**  
Patient Record Number:6286

**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:** Nertha Watson  
**External ID:** 6286  
**DOB:** 1948-12-25  
**Sex:** Female  
**S.S.:** 449929273  
**Marital Status:** Single

**Address:** 4009 Hamilton Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75210  
**Country:** USA  
**Mobile Phone:** 469-335-4435  
**Street Address:** 4009 Hamilton Ave  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 01-11-2017.  
**Father:** Father is not alive, complains of Alzheimer's disease. .  
**Mother:** Mother is not alive, complains of diabetes and hypertension. .  
**Siblings:** Two brothers and four sisters, who are alive..  
**Offspring:** Two boys and two girls, who are alive..

## Social History:

**Last Recorded On:** 01-11-2017.  
**Tobacco:** Smokes one packet per week. **Status:** Current  
**Alcohol:** Drinks socially. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Well..  
**Developmental History:** Education level is 12th grade..  
**Other History:** Immunizations, none. .

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2013-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2014-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 449929273A  
**Group Number :**  
**Employer Name :** Nertha Watson  
**Copay :**  
**Insured ID Number :** 500585359  
**Group Number :**  
**Employer Name :** Nertha Watson

**Immunizations:**

**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

Description	Status	Start Date	End Date
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3			
Unknown or N/A	Active	2016-11-15	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET  
DAILY, Quantity: 30, Refill Quantity: 2  
Unknown or N/A  
by Jones, Derrick - MJ3217331  
Texas Physician House Calls

Active

2016-09-08

## 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 was encouraged to exercise daily as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan and was given 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. Scoliosis, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medications.
5. Lumbago with chronic pain, continue current plan.
6. Anxiety, continue current plan.
7. Spinal stenosis, continue current plan.

Medication refills as follows,  
Lisinopril/HCTZ 20/12.5 mg q.d.  
Norco 10/325 mg t.i.d.  
Xanax 0.5 mg t.i.d.  
Flonase nasal spray.

## Medical Problem:

Description	Status	Start Date	End Date
Scoliosis, unspecified ( ICD10:M41.9 Scoliosis, unspecified) Unknown or N/A	Active	2016-12-21	
Infantile idiopathic scoliosis, sacral and sacrococcygeal region ( ICD10:M41.08 Infantile idiopathic scoliosis, sacral and sacrococcygeal region) Unknown or N/A	Active	2016-11-15	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-11-15	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-10-11	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-11	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-06	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-06	
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	2016-09-06	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-06	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Screws in ankles in 2003. Unknown or N/A	Active		
Knee surgery in 1990. Unknown or N/A	Active		
Hospitalized for spinal stenosis. Unknown or N/A	Active		

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** YES

**Is Home Health Care Needed:** NO

**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:** Mobility\_Impairments,Rheumatoid Arthritis\_Osteoarthr,HTN

**Additional Medical Conditions:** Scoliosis, anxiety, spinal stenosis, lumbago

**Nursing Required:** NO

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to spinal stenosis and scoliosis.

**Certification Statement:** No skilled nurse she needed at this time.

**Signed by (NP):** 302

**Signed On (NP):** 2016-12-28 00:35

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-28 00:35

**Form\_status:** finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-28**.

Printed on 12-Jan-2017 20:30:54 pm.