Priscilla Simpson: Patient Information

Patient Record Number:6040

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: Priscilla Simpson External ID: 6040 **DOB**: 1955-06-09 Sex: Female

Address: 12245 Galva Dr

City: Dallas State: Texas

Postal Code: 75243-3705

Country: USA

Emergency Phone: 214-407-3129 Mobile Phone: 214-484-8068 Street Address: 12245 Galva Dr Apt/Suite/Other: House

Family History:

Last Recorded On: 10-23-2016.

Father: Unknown... Mother: Unknown... Siblings: Unknown.. Offspring: Unknown...

Social History:

Last Recorded On: 10-23-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay: Insured ID Number: 515990434

Group Number:

Employer Name: Priscilla Simpson

Immunizations:

Priscilla Simpson: Chief Complaint

Patient Record Number:6040

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Seen by Sumana Ketha MD Seen on 08-September-2016

Chief Complaint Status: finalized

Follow-up home visit for chronic medical conditions of chronic pain, muscle spasms, vitamin D deficiency, gastroesophageal reflux disease, asthma, urinary incontinence, and rheumatoid arthritis. Patient complains of pain in her knees.

History of Present illness:

HPI Status:Finalized

A 61-year-old African American female in NAD with multiple chronic conditions including degenerative joint disease, hyperlipidemia, chronic pain, and asthma. Patient denies any new issues upon examination. Patient continues to complain of pain in knees. Patient denies any chest pain, headache or nausea vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-08	142	80	237.00	69.00	98.20	16.00	~	35.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

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NEBRO:

BENEFE 24 Engle 24 And Companies and Andrew Compani

ENYCH:

Sleptwarh AMiddleim & Moroids, Alert and Oriented X3-Within Normal Limits .

NECK:

Bapper, Appearse Jaly Bear Grob of Meolad all the plant and the plant an

BACK

Normal Curvature, Tenderness-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date

Cyclobenzaprine HCI ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Penicillin V Potassium ,250 MG TABS, TAKE 2 TABLETS TWICE DAILY, Quantity: 40, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Penicillin V Potassium ,250 MG TABS, TAKE 2 TABLETS TWICE DAILY, Quantity: 40, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331	Active Active	2016-07-08 2016-04-15 2016-04-14
Texas Physician House Calls Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-25
Norco ,10-325 MG TABS, TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-10
Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
Norco ,10-325 MG TABS, TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-10
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-09
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-09

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 patient and patient educated on the benefits of low salt, low-fat, low cholesterol diet 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. The patient verbalize understanding of the above client and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Osteoarthritis/rheumatoid arthritis with chronic pain, continue current plan.
- 2. HTN w/vascular complications continue current plan
- 3. Chronic obstructive pulmonary disease/asthma, continue current plan.
- 4. Gastroesophageal reflux disease, continue current plan.
- 5. Hyperlipidemia, continue current plan.
- 6. Congestive heart failure with systolic complications, continue current plan.
- 7. Muscle spasms, continue current plan.
- 8. Chronic pain syndrome, continue current pain medication.
- 9. Vitamin D deficiency, continue current plan.

10. Urinary incontinence, continue current plan.

Medication refills as follows: Norco 10/325 mg t.i.d. Nexium 40 mg q.d. Flexiril 10 mg t.i.d. IBU 800 mg t.i.d. Nasal Spray (Flonase)

Medical Problem:

Description	Status	Start Date	End Date
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-09-08	
Acute pharyngitis, unspecified (ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-05-26	
Chronic pharyngitis (ICD10:J31.2 Chronic pharyngitis) Unknown or N/A	Active	2016-04-13	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-01-06	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-01-06	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-08	
Essential (primary) hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2015-12-08	
Heart failure, unspecified (ICD10:l50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-12-08	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-12-08	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-12-08	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-11-05	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-11-05	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-11-05	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-11-05	
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-11-05	

Allergies:

Descri	ption	Status	Start Date	End Date
o known drug allergies.		Active		
Unknown or N/A		7 totive		

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:

Additional Medical Conditions:

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing not needed.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-09-08 03:14 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-15 03:14

Form_status: finalized

Procedure Order:

Patient ID	6040	Order ID	1003
Patient Name	Simpson, Priscilla	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-23		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by Derrick Love-Jones on 2016-09-15.

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