

**Lawanna Brown: Patient Information**  
Patient Record Number:6335

**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:** Lawanna Brown  
**External ID:** 6335  
**DOB:** 1957-08-21  
**Sex:** Female  
**S.S.:** 464-23-5836  
**User Defined:** 469-354-7678  
**Patient Drive Folder:** 0B0x\_t bqdBdPheG4yYmRBVkgwUFU

**Address:** 2255 N Washington Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75204  
**Country:** USA  
**Emergency Phone:** 469-354-7678  
**Home Phone:** 214-228-6781  
**Mobile Phone:** 214-643-6706  
**Street Address:** 2255 N Washington Ave  
**Apt/Suite/Other:** APT#103

## Family History:

**Last Recorded On:** 02-11-2017.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..

## Social History:

**Last Recorded On:** 02-11-2017.  
**Tobacco:** Never smoker    **Status:** Never  
**Alcohol:** No alcohol use.    **Status:** Never  
**Recreational Drugs:** No drug abuse.    **Status:** Never

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2016-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 464235836A  
**Group Number :**  
**Employer Name :** Lawanna Brown  
**Copay :**  
**Insured ID Number :** 529213919  
**Group Number :**  
**Employer Name :** Lawanna Brown

**Immunizations:**

**Lawanna Brown: Chief Complaint**  
Patient Record Number:6335

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**Seen by** Derrick Love-Jones  
**Seen on** 21-December-2016

**Chief Complaint Status:**finalized

Followup home visit to prevent further decline of the following chronic medical conditions such as seizures, hepatitis C, constipation, visual impairment, neuropathy, chronic pain syndrome and lumbago. Patient complains of knee pain and lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 59-year-old African-American female in no acute distress with multiple chronic conditions of the seizures, hepatitis C, constipation, visual impairment, neuropathy, chronic pain syndrome, and lumbago. Patient has a history of chronic knee and lower back pain for several years. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

### Vitals:

| Service Date | BPS | BPD | Wt   | Ht   | Temperature | RR    | Note | BMI | Head circ |
|--------------|-----|-----|------|------|-------------|-------|------|-----|-----------|
| 2016-12-21   | 107 | 59  | 0.00 | 0.00 | 97.80       | 16.00 | ~    | 0.0 | 0.00      |

## Review of Systems:

**Constitutional:**

**Revisi Kelembutan Cangkang:**

## Non-Reductive p-Adic Borel

**No ~~unsubstantiated~~ allegations**

**No Discrimination**

### No Bloating or Flatulence

**No Blended Targets**

### No Drift In Range Of Motion

No Constipation

### Physical Exam:

**EXTREMITIES:**

**Shareholder Information** [www.3m.com](http://www.3m.com)

**MUSIC:-**

**Bone-Specific Parameters Within Normal Limits: Serum, No Abnormalities**

**NAURO:**

**BEPERDA EGMWtHnNormalisLimits**

**PSYCH:**

Normal Affect, No Delirium and Mood, Alert and Oriented X3-Within Normal Limits.

**RESP:**

### Patient CTAPs Within Normal Glucose-Within Normal Limits.

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

### 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 low-salt, low-fat, low cholesterol diet with current medical issues. 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 as tolerated. No labs needed this visit. The 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.

1. Neuropathy, continue current plan.
2. Constipation, continue current plan.
3. Lumbago with chronic pain, continue current plan.
4. Epilepsy, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Hepatitis C, continue to monitor.
7. Visual impairment, continue to monitor.

Medication refills as follows,  
Norco 10/325 mg t.i.d.  
Gabapentin 600 mg t.i.d.

## Medical Problem:

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Other constipation<br>( ICD10:K59.09 Other constipation)<br>Unknown or N/A  | Active | 2016-12-21 |          |
| Low back pain<br>( ICD10:M54.5 Low back pain)<br>Unknown or N/A   | Active | 2016-11-15 |          |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A  | Active | 2016-11-15 |          |
| Other disorders of peripheral nervous system<br>( ICD10:G64 Other disorders of peripheral nervous system)<br>Unknown or N/A   | Active | 2016-11-15 |          |
| Epilepsy, unspecified, not intractable, without status epilepticus<br>( ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus)<br>Unknown or N/A | Active | 2016-11-15 |          |

## Allergies:

| Description                                | Status | Start Date | End Date |
|--|--------|------------|----------|
| No known drug allergies.<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description                              | Status | Start Date | End Date |
|--|--------|------------|----------|
| Gun shot wound-98.<br>Unknown or N/A     | Active |            |          |
| Bullet still in spine.<br>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

**Primary Justification Medical Conditions:** blindness,Epilepsy

**Additional Medical Conditions:** Neuropathy, Hepatitis C, Chronic Pain Syndrome and Lumbago

**Nursing Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to visual impairment. And limited mobility issues.

**Certification Statement:** I have skilled nurse she needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-21 03:58

**Signed By (Physician):** 18

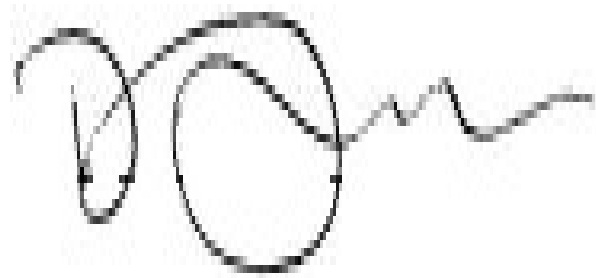
**Signed on (Physician):** 2016-12-28 03:58

**Form\_status:** finalized

## Procedure Order:

|              |                     |                |                     |
|--------------|---------------------|----------------|---------------------|
| Patient ID   | 6335                | Order ID       | 1531                |
| Patient Name | Brown, Lawanna      | Ordered By     | Love-Jones, Derrick |
| Order Date   | 2016-12-21 00:00:00 | Print Date     | 2017-02-12          |
| Order Status | complete            | Encounter Date | 2017-02-12          |
| Lab          | .HH Agency          | Specimen Type> |                     |

| Ordered Procedure   | Report              |          |         |      | Results |                |     |       |             |       |      |
|---------------------|---------------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
|                     | Reported            | Specimen | Status  | Note | Code    | Name           | Abn | Value | Range       | Units | Note |
| 026: Pulse Oximetry | 2016-12-21 00:00:00 |          | Final ✓ |      | 0097    | Pulse Oximetry | No  | 98%   | 97% to 100% |       |      |



Electronically Signed by **Derrick Love-Jones** on **2016-12-28**.

Printed on 12-Feb-2017 15:45:09 pm.