

Meladie Portley: Patient Information
Patient Record Number:5663

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: Meladie Portley

External ID: 5663

DOB: 1976-04-03

Sex: Female

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B87s7RNfUFwoR0U4N0VkwWENtWUU>

Address: 167 Wildwood Drive

City: Desoto

State: Texas

Postal Code: 75115

Country: USA

Home Phone: 214-476-5239

Mobile Phone: 214-254-0415

Street Address: 167 Wildwood Drive

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 12-03-2016.

Risk Factors: Chronic Pain,Degenerative Joint Disease,Lumbago,Neuropathy.

Additional Medical History: CVA 2010, colitis, head trauma in 2010, endocarditis, and intestinal blockage 2013..

Family History:

Last Recorded On: 12-03-2016.

Father: Father died with diabetes mellitus type 2 and hypertension..

Mother: Mom died with congestive heart failure, hypertension, and peripheral edema..

Siblings: One brother and is healthy..

Offspring: Three children all healthy..

Primary Family Med Conditions:

Last Recorded On: 12-03-2016.

Chronic Conditions: Diabetes,Heart Failure,Hypertension.

Social History:

Last Recorded On: 12-03-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: Drinks occasionally. **Status:** Current

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Well..

Developmental History: Well..

Tests and Exams:

Last Recorded On: 12-03-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 462157775A
Group Number :
Employer Name : Meladie Portley
Copay :
Insured ID Number : 462157775A
Group Number :
Employer Name : Meladie Portley
Copay :
Insured ID Number : 508837633
Group Number :
Employer Name : Meladie Portley

Immunizations:

Meladie Portley: Chief Complaint
Patient Record Number:5663

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 Derrick Love-Jones
Seen on 26-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, asthma, colitis, lumbago, chronic pain, osteoarthritis, cerebrovascular accident, anemia, and spinal cord injury. Patient complains of Lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 40-year-old African American female in NAD with multiple chronic conditions of hypertension, asthma, neuropathy, lumbago, chronic pain, osteoarthritis, CVA effects, and anemia. Patient was recently discharged from an extended hospital admit. Patient had septic shock from a long standing UTI. Patient also had bradycardia. Patient was also diagnosed with Diverticulitis. Patient does have a history of colitis, but denies any recent flare-ups. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	147	101	176.00	63.00	97.20	16.00	~	31.2	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Loss
No Weight Gain
No Fatigue
No Anorexia
No Polyphagia
No Polydipsia
No Nocturia
No Change In Bowel Range Of Motion
No Change In Bowel Frequency
No Hoarseness
No Use Of Dentures

Physical Exam:

HEENT:

HEENT-WITHIN NORMAL LIMITS .

NECK:

NECK-WITHIN NORMAL LIMITS .

CV:

CV-WITHIN NORMAL LIMITS .

Murmur, Rubs,Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
CloNIDine HCl ,0.1 MG TABS, 1 TAB AS NEEDED FOR ELEVATED BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0	Active	2016-09-15	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-08-08
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 6 HOURS AS NEEDED FOR PAIN, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-22
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-10
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Oxybutynin Chloride ,5 MG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Hydrocodone-Acetaminophen ,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	2016-03-08
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-08
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-08
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-08
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	2015-05-06

ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 1, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-08
AmLODIPine Besylate ,5 MG TABS, Take 1 Tab Daily, Hold if SBP is less than 120 STOP AMLODIPINE 10MG, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-01-28

Plan Note:

Plan Note Status:Finalized

Continue same as previous medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits so, low-fat, low cholesterol diet with conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. Reviewed recent labs with patient. The patient verbalize understanding of the above plan and was given the office question. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current medication.
2. Osteoarthritis with chronic pain, continue current medication.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Asthma, continue current plan.
6. Colitis, continue current plan.
7. Diverticulitis, continue to monitor.
8. Cerebrovascular effects, continue to monitor.
9. Anemia, continue current plan.
10. Spinal cord injury, continue current plan.

Medication refills as follows:

Clonidine 0.1 mg p.r.n.

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Other and unspecified noninfectious gastroenteritis and colitis (ICD10:K52.89 Other specified noninfective gastroenteritis and colitis) (ICD10:K52.9 Noninfective gastroenteritis and colitis, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, hand (ICD10:M18.9 Osteoarthritis of first carpometacarpal joint, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	

Unspecified late effects of cerebrovascular disease (ICD10:I69.90 Unspecified sequelae of unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Unspecified anemia (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified site of spinal cord injury without evidence of spinal bone injury (ICD10:S49.90XA Unspecified injury of shoulder and upper arm, unspecified arm, initial encounter) Unknown or N/A	Active	2015-10-01
Ulcerative colitis, unspecified (ICD10:K51.90 Ulcerative colitis, unspecified, without complications) Unknown or N/A	Active	2015-10-01
C1-C4 level with unspecified spinal cord injury (ICD10:S14.101A Unspecified injury at C1 level of cervical spinal cord, initial encounter) (ICD10:S14.102A Unspecified injury at C2 level of cervical spinal cord, initial encounter) (ICD10:S14.103A Unspecified injury at C3 level of cervical spinal cord, initial encounter) (ICD10:S14.104A Unspecified injury at C4 level of cervical spinal cord, initial encounter) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
C-Section Unknown or N/A	Active		
Hysterectomy in 2012 (endocarditis), Unknown or N/A	Active		
Gallbladder removal in 2005 Unknown or N/A	Active		
Surgery on her back 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:

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: No skilled nursing at this time.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-10-26 07:25

Signed By (Physician): 18

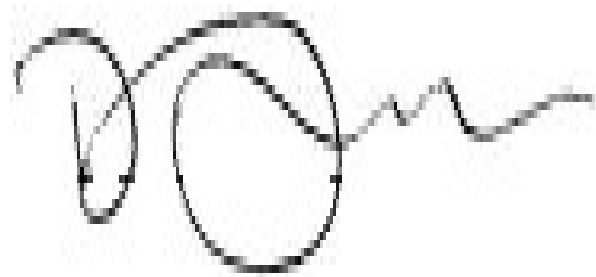
Signed on (Physician): 2016-11-02 07:25

Form_status: finalized

Procedure Order:

Patient ID	5663	Order ID	1050
Patient Name	Portley, Meladie	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, flowing script.

Electronically Signed by **Derrick Love-Jones** on **2016-11-02**.

Printed on 04-Dec-2016 18:44:30 pm.