

Renita Brown: Patient Information
Patient Record Number:5882

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: Renita Brown
External ID: 5882
DOB: 1962-08-09
Sex: Female
S.S.: 454292249
User Defined: (469)650-0147
Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCbDFfMURLSUI3RTA

Address: 8383 La Prada Drive
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Home Phone: 972-685-6512
Mobile Phone: 469-267-1659
Street Address: 8383 La Prada Drive
Apt/Suite/Other: 707

Family History:

Last Recorded On: 10-15-2016.
Father: Father died with leukemia..
Mother: Mother alive with HTN and brain tumor..
Siblings: Patient has 2 brothers who are healthy and 2 sisters both having HTN..
Offspring: Patient has 2 children who are healthy.

Primary Family Med Conditions:

Last Recorded On: 10-15-2016.
Chronic Conditions: Hypertension.
Chronic Body System Category: Diseases of blood and blood-forming organs .

Social History:

Last Recorded On: 10-15-2016.
Tobacco: Current every day smoker Smokes daily **Status:**
Coffee:
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Regular.
Developmental History: Well.
Pets: Has dog.

Tests and Exams:

Last Recorded On: 10-15-2016.

Insurance:

Humana (61101)

Priority : Primary
Start Date : 2015-03-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)
Priority : Primary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : H57239269
Group Number :
Employer Name : Renita Brown
Copay :
Insured ID Number : 17454556
Group Number :
Employer Name : Renita Brown
Copay :
Insured ID Number : 454292249A
Group Number :
Employer Name : Renita Brown

Immunizations:

Renita Brown: Chief Complaint
Patient Record Number:5882

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Seen by Derrick Love-Jones
Seen on 28-June-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, neuropathy, chronic kidney disease-3, chest pain, hypertension, chronic obstructive pulmonary disease, anxiety, lumbago, asthma, and hepatitis-c. Patient complains of pain in left arm and left hand weakness. Patient also complains of left side pain.

History of Present illness:

HPI Status:Finalized

A 54-year-old African American female in no acute distress with multiple chronic conditions. Patient states she had a stroke since last visit and has some left-sided weakness. Patient denies any chest pain, headache, nausea or vomiting recently. Patient has pain on her entire left side and states that she has weakness in her hand and leg. Patient rates pain at 8/10. Patient currently having difficulty walking long-distances due to limited mobility and shortness of breath upon exertion. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-28	115	72	252.00	70.00	98.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Change in Weight
No Change in Appetite
No Change in Energy
No Change in Urine
No Change in Bowel
No Change in Sleep
No Change in Menstruation
No Change in Bowel
No Change in Stools
No Change in Bleeding
No Change in Use Of Dentures

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

EXAMINATIONS:

EXAMINATIONS: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Pravastatin Sodium ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25	

Clotrimazole ,1 % CREA, APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S), Quantity: 45, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Amoxicillin-Pot Clavulanate ER ,1000-62.5 MG TB12, TAKE 2 TABLETS EVERY 12 HOURS WITH FOOD, Quantity: 20, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-12
HydrALAZINE HCl ,25 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04
HydrALAZINE HCl ,25 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29
Qvar ,80 MCG/ACT AERS, INHALE 2 PUFFS TWICE DAILY, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
Spiriva HandiHaler ,18 MCG CAPS, INHALE CONTENTS OF 1 CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
Citalopram Hydrobromide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 72.25, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Spiriva HandiHaler ,18 MCG CAPS, INHALE CONTENTS OF 1 CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any

questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Generalized weakness, continue to monitor.
4. Chronic pain syndrome, continue current pain medication.
5. Cerebrovascular effects, continue to monitor.
6. Hyperlipidemia, continue current plan.
7. Depression, continue current plan.
8. Anxiety, continue current plan.
9. Hemiplegia, continue to monitor.
10. Chronic obstructive pulmonary disease/asthma, continue current plan.
11. Chronic kidney disease stage-3, continue current plan.
12. Hepatitis C, continue current plan.
13. Lumbago with chronic pain, continue current plan.
14. Medication refills are as follows; Hydralazine 25 mg q.d., Temazepam 15 mg q.h.s., Norco 10/325 mg t.i.d.
15. Medication adherence was given to the patient. Continue treatment as planned.
16. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
17. Reviewed old records of the patient.
18. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2016-06-28	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-28	
Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side (ICD10:I69.954 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side) Unknown or N/A	Active	2016-05-07	
Other polyosteoarthritis (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2016-05-07	
Pain in right shoulder (ICD10:M25.511 Pain in right shoulder) Unknown or N/A	Active	2016-05-07	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-07	
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	2016-05-05	
Other sequelae of cerebral infarction (ICD10:I69.398 Other sequelae of cerebral infarction) Unknown or N/A	Active	2016-05-05	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-04	
Arthropathy, unspecified (ICD10:M12.9 Arthropathy, unspecified) Unknown or N/A	Active	2015-11-21	
History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2015-11-21	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-11-21	
Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-11-21	

Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-16
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, unspecified (ICD9:493.90 Asthma, unspecified type, unspecified) Unknown or N/A	Active	
Chronic hepatitis C without mention of hepatic coma (ICD9:070.54 Chronic hepatitis C without mention of hepatic coma) Unknown or N/A	Active	
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active	
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active	
Pain in joint, lower leg (ICD9:719.46 Pain in joint, lower leg) Unknown or N/A	Active	
Other specified idiopathic peripheral neuropathy (ICD9:356.8 Other specified idiopathic peripheral neuropathy) Unknown or N/A	Active	
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	
Chronic kidney disease, Stage III (moderate) (ICD9:585.3 Chronic kidney disease, Stage III (moderate)) Unknown or N/A	Active	
Morbid obesity (ICD9:278.01 Morbid obesity) Unknown or N/A	Active	
Unspecified essential hypertension (ICD9:401.9 Unspecified essential hypertension) Unknown or N/A	Active	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy 1989 Unknown or N/A	Active		
Tubal ligation 1988 Unknown or N/A	Active		
Right shoulder surgery in 2003 Unknown or N/A	Active		

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Agape Home Healthcare

Primary Justification Medical Conditions: Asthma,Kidney_Disease,COPD,Depression,HTN,Mobility_Impairments,Stroke

Additional Medical Conditions: Chronic Pain, Anxiety, Neuropathy, Lumbago, Hep C

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to limited mobility uncontrolled pain uncontrolled hypertension and inability to self medicate correctly.

Certification Statement: Patient is homebound due to limited mobility uncontrolled hypertension chronic pain. And is currently on pain medication that causes unsteadiness.

Signed by (NP): 16

Signed On (NP): 2016-06-28 11:37

Signed By (Physician): 18

Signed on (Physician): 2016-07-05 11:37

Form_status: finalized

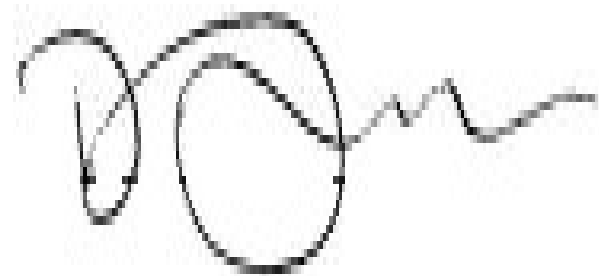
DME:

Description	Status	Start Date	End Date
Non-sterile Gloves Unknown or N/A	Active		
Probe Covers Unknown or N/A	Active		
Medication Organizer Unknown or N/A	Active		

Procedure Order:

Patient ID	5882	Order ID	796
Patient Name	Brown, Renita	Ordered By	Love-Jones, Derrick
Order Date	2016-10-15	Print Date	2016-10-15
Order Status	complete	Encounter Date	2016-10-15
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-15		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-05 at 15:08**.

Printed on 15-Oct-2016 12:41:38 pm.