

Shirley Anderson: Patient Information
Patient Record Number:6032

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: Shirley Anderson
External ID: 6032
DOB: 1945-12-09
Sex: Female
User Defined: only Darolyn
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCQjZyMVg5RDc4ZU0

Address: 3011 Park Row Ave
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Guardian's Name: James Anderson(Husband)
Home Phone: 214-565-3685
Street Address: 3011 Park Row Ave
Apt/Suite/Other: Apt #1123, Building #16

Family History:

Last Recorded On: 12-07-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 12-07-2016.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Work Status: Unemployed.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 430843812A
Group Number :
Employer Name : Shirley Anderson
Copay :
Insured ID Number : 607382991
Group Number :
Employer Name : Shirley Anderson

Immunizations:

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Description	Status	Start Date	End Date
Potassium Chloride ER ,10 MEQ CPCR, 1 CAP PO BID, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-05-23	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Pravastatin Sodium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-23
Potassium Chloride ER ,10 MEQ CPCR, 1 CAP PO BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-19
Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-01
Lansoprazole ,30 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-22

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. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Asthma, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hypertension, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Allergic rhinitis, continue current plan.
8. Coronary artery disease, continue current plan.
9. Lumbago with chronic pain.

No medication refills needed this visit,

Medical Problem:

Description	Status	Start Date	End Date
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-08-16	
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	2016-06-30	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-30	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-17	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-17	
Chronic duodenal ulcer without hemorrhage or perforation (ICD10:K26.7 Chronic duodenal ulcer without hemorrhage or perforation) Unknown or N/A	Active	2016-03-08	

Bilateral primary osteoarthritis of knee (ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2016-03-08
Rheumatoid arthritis without rheumatoid factor, right shoulder (ICD10:M06.011 Rheumatoid arthritis without rheumatoid factor, right shoulder) Unknown or N/A	Active	2016-01-08
Rheumatoid polyneuropathy with rheumatoid arthritis of right knee (ICD10:M05.561 Rheumatoid polyneuropathy with rheumatoid arthritis of right knee) Unknown or N/A	Active	2015-11-09
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-11-09
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-09
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-13
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-10-13
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-13
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-13
Allergic rhinitis due to pollen (ICD10:J30.1 Allergic rhinitis due to pollen) Unknown or N/A	Active	2015-10-13

Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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: Rapha Care Services

Primary Justification Medical Conditions: HTN,hyperlipidemia

Additional Medical Conditions:

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 chronic pain and inability to self medicate correctly

Certification Statement: Patient is home-bound due to chronic pain. Patine is weak with poor balance and at high risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-08-16 05:39

Signed By (Physician): 18

Signed on (Physician): 2016-08-23 05:39

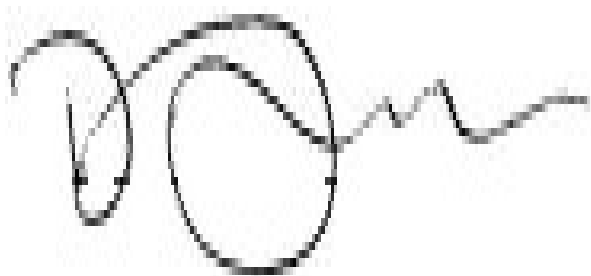
Form_status: finalized

Procedure Order:

Patient ID	6032	Order ID	835
Patient Name	Anderson, Shirley	Ordered By	Ketha, Sumana

Order Date	2016-12-10	Print Date	2016-12-10
Order Status	complete	Encounter Date	2016-12-10
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-08-23**.

Printed on 10-Dec-2016 19:24:33 pm.