

Julie Hopkins: Patient Information
Patient Record Number:5891

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: Julie Renee Hopkins
External ID: 5891
DOB: 1960-10-06
Sex: Female
S.S.: 458357664

Address: 538 Tacoma Dr
City: Garland
State: Texas
Postal Code: 75043-2781
Country: USA
Mobile Phone: 214-694-6723
Street Address: 538 Tacoma Dr
Apt/Suite/Other: 613

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Chronic Pain,Insomnia.

Family History:

Last Recorded On: 07-14-2016.
Mother: Mother died of Alzheimer's and hypertension.

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Hypertension.
Mental Conditions: Anxiety Disorders.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Never smoker No smoking **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Poor.
Developmental History: High school diploma.
Other History: Declines flu immunization Mammogram years ago.

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1995-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 458357664A
Group Number :
Employer Name : Julie Hopkins
Copay :
Insured ID Number : 500000034471
Group Number :
Employer Name : Julie Hopkins
Copay :
Insured ID Number : 261100601
Group Number :
Employer Name : Julie Hopkins

Immunizations:

Julie Hopkins: Chief Complaint
Patient Record Number:5891

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Seen by Sumana Ketha MD
Seen on 14-June-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, chronic pain, anxiety, hyperlipidemia, chest pain, bipolar, obesity, abnormal gait, depression, and insomnia. Patient complains of shortness of breath upon exertion.

History of Present illness:

HPI Status:Finalized

A 55-year-old African American female in no acute distress with multiple chronic conditions of hypertension, chronic pain, anxiety, insomnia, and hyperlipidemia. Patient denies any new issues or complaints upon examination. Patient complains of shortness of breath upon exertion that continues due to cold. She is slowly overcoming. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|-----|-----------|
| 2016-06-14 | 147 | 84 | 282.00 | 66.00 | 98.20 | 18.00 | ~ | 0.0 | 0.00 |

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No weight change YES
No fatigue YES
No thirst YES
No dry mouth YES
No cold/flu/fever
No change in appetite
No back/abdominal aches
No change in thoughts
No change in concentration
No change in energy
No change in range of motion YES

Physical Exam:

HEENT:

HEENT - Within Normal Limits .

ENT:

ENT - Within Normal Limits .

CV:

CV - Within Normal Limits .

Peripheral Edema- Abnormal Limits.Edema in legs .

Plan Note:

Plan Note Status:Finalized

1. Hypertension. Educated patient on low-salt, low-fat, and low-cholesterol diet and exercise.
2. Anxiety,continue current plan.
3. Insomnia, stable on medications.
4. Chronic pain syndrome. Continue current pain medication.
5. Bipolar. Continue current plan.
6. Osteoarthritis. Continue current plan.
7. Hyperlipidemia, monitor lipids.
8. Depression, stable.
9. Urinary incontinence. Continue current plan.

10. No medication refills needed in this visit.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-06-14 | |
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-06-14 | |
| Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2016-06-14 | |
| Chest pain, unspecified (ICD10:R07.9 Chest pain, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 | |
| Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A | Active | 2015-10-01 | |
| Anxiety (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Abnormal Gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A | Active | 2015-10-01 | |
| Hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, 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 | |
| Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A | Active | 2015-10-01 | |

Allergies:

| Description | Status | Start Date | End Date |
|------------------------------|--------|------------|----------|
| Penicillin Unknown or N/A | Active | | |

Surgeries:

| Description | Status | Start Date | End Date |
|-------------|--------|------------|----------|
|-------------|--------|------------|----------|

| | |
|---------------------------------------|--------|
| Neck Surgery Unknown or N/A | Active |
| Gastric bypass 2006 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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: bipolar, Depression, hyperlipidemia, HTN

Additional Medical Conditions: Chronic pain, anxiety, chest pain, obesity, abnormal gait, insomnia.

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 bipolar, chronic pain, and inability to self medicate currently.

Certification Statement: Patient is home bound due to chronic pain. Patient has unsteady, painful ambulation with extremely poor balance and current use of narcotic pain medications to address pain issues.

Signed by (NP): 302

Signed On (NP): 2016-06-14 10:54

Signed By (Physician): 18

Signed on (Physician): 2016-06-15 10:54

Form_status: finalized

Printed on 30-Aug-2016 08:56:44 am.