

Debra Smith: Patient Information
Patient Record Number:5970

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: Debra Smith
External ID: 5970
DOB: 1962-06-11
Sex: Female
S.S.: 450-25-1115
User Defined: 469-709-8284
genericval1: lives with Thomas, Andrew
Patient Drive Folder:
https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCflpRTGlmaHp4NFhQd1AzRHJ5NTNPcTlxX2RRc3dIQnJndzQwSmo1OEhMc3c

Address: 2269 Aspen Dr
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Emergency Phone: 469-709-8284
Home Phone: 214-845-1309
Mobile Phone: 214-381-8848
Street Address: 2269 Aspen Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-24-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 12-24-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2008-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 450251115A
Group Number :
Employer Name : Debra Smith
Copay :
Insured ID Number : 450251115A
Group Number :
Employer Name : Debra Smith
Copay :
Insured ID Number : 520947195
Group Number :
Employer Name : Debra Smith

Immunizations:

Debra Smith: Chief Complaint
Patient Record Number:5970

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Seen by Derrick Love-Jones
Seen on 08-November-2016

Chief Complaint Status:finalized

Followup home visit management of arthritis, hypertension, chronic pain syndrome, gastroesophageal reflux disease, and chronic obstructive pulmonary disease. Patient complains of lower back and shoulder pain.

History of Present illness:

HPI Status:Finalized

A 54-year-old African-American female in no acute distress with multiple chronic conditions of hypertension, chronic obstructive pulmonary disease, arthritis, and chronic pain. Patient has a history of lower back pain and other chronic pain in her shoulder and knees. Patient rates her current pain at 7/10. Patient denies any chest pain, headache, or nausea or vomiting recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-08	186	97	190.00	61.00	97.40	16.00	~	35.9	0.00

Review of Systems:

Constitutional:

Peringatan:

Non-STEMI/MI Spontaneous No Chest Pain

No ~~_____~~ of ~~_____~~ bath

No ~~Conflicting~~ Interests

No Binding Of Motion

No Displayed Mentation

No Apnea

No Bleeding Gums

No Abstracts

No Use Of Dentures

Physical Exam:

REMARKS:

SIGMA LEVEL DISTRIBUTION FOR THE MEAN OF THE FIVE CRITICAL DIMENSIONS OF THE NASA-TLX

EXTREMITIES:

Conclusion: The proposed model is a promising tool for predicting the normal limits of the following parameters:

CV:

Effect of Moisture and Thermal Cycling on the Performance of A/W/Nonchal with No Thermal Limits

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lisinopril ,20 MG TABS, TAKE 1 TABLET 2 Times DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1			
Unknown or N/A	Active	2016-08-08	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lisinopril ,20 MG TABS, TAKE 1 TABLET 2 Times DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29
Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 5, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-13
Amoxicillin-Pot Clavulanate ,875-125 MG TABS, TAKE 1 TABLET TWICE DAILY UNTIL FINISHED, Quantity: 14, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Carisoprodol ,350 MG TABS, 1 TAB 2 TIMES DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-10
Carisoprodol ,350 MG TABS, 1 TAB 2 TIMES DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Potassium Chloride ER ,10 MEQ TBCR, TAKE 1 TABLET DAILY WITH FOOD, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
Budesonide ,0.5 MG/2ML SUSP, Use 1 Vial Via Nebulizer Twice Daily AS Directed, Quantity: 120, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-10
Budesonide ,0.5 MG/2ML SUSP, Use 1 Vial Via Nebulizer Twice Daily AS Directed, Quantity: 120, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-06

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previously. 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 to exercise daily. 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 patient is stable. Reviewed old records of the patient.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Chronic obstructive pulmonary disease, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Chronic pain syndrome, continue current pain medications.
6. Depression, continue to monitor.
7. Lumbago with chronic pain, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.
Clonidine 0.1 mg t.i.d
Lisinopril 20 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2015-10-06	
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2015-10-06	
Chronic airway obstruction, not elsewhere classified (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active	2015-10-06	
Arthropathy, unspecified, site unspecified (ICD9:716.90 Arthropathy, unspecified, site unspecified) Unknown or N/A	Active	2015-10-06	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-05	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-05	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-05	
Leiomyoma of uterus, unspecified (ICD10:D25.9 Leiomyoma of uterus, unspecified) Unknown or N/A	Active	2015-10-05	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) 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	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	

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: US Home Health Care

Primary Justification Medical Conditions: bipolar,COPD,Depression,HTN,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to illness and inability to self medicate correctly.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

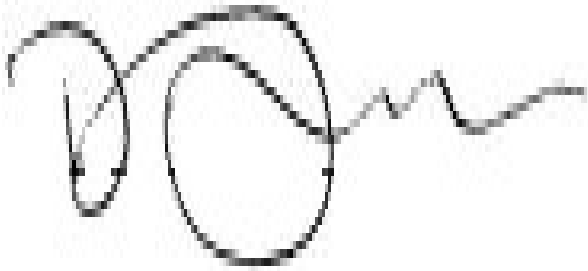
Signed by (NP): 16

Signed On (NP): 2016-11-08 02:49

Signed By (Physician): 18

Signed on (Physician): 2016-11-15 02:50

Form_status: finalized

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-11-15**.

Printed on 25-Dec-2016 14:07:00 pm.