

Rannall Harvey: Patient Information
Patient Record Number:6337

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: Rannall Harvey
External ID: 6337
DOB: 1980-08-04
Sex: Male
S.S.: 438-41-9340
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBdPhYmtZeVRQZnBQZk0

Address: 3200 S Lancaster
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: 214-966-3927
Emergency Phone: 469-478-7896
Mobile Phone: 214-371-7331
Street Address: 3200 S Lancaster

Family History:

Last Recorded On: 02-11-2017.
Father: Father died of gunshot wound..
Mother: Mother is alive with hypertension..
Siblings: Two brothers and two sisters, which are alive..
Offspring: One girl..

Social History:

Last Recorded On: 02-11-2017.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level is 12th grade..
Other History: No immunizations..

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2012-08-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 613443661
Group Number :
Employer Name : Rannall Harvey

Immunizations:

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1. Insomnia, continue current plan.

2. Bipolar, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Schizophrenia, continue current plan.
5. Mild retardation, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-10-28	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-10-28	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-10-28	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-10-28	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-10-28	

Allergies:

Description	Status	Start Date	End Date
Aspirin. Unknown or N/A	Active		
Food allergy to shrimp. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Eye surgery in 1999 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: Intellectual Disabilities,hyperlipidemia,Schizophrenia,bipolar

Additional Medical Conditions: Mild Retardation

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental health issues and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to mental health issues and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2017-01-06 06:16

Signed By (Physician): 18

Signed on (Physician): 2017-01-13 06:16

Form_status: finalized

Procedure Order:

Patient ID	6337	Order ID	1457
Patient Name	Harvey, Rannall	Ordered By	Love-Jones, Derrick
Order Date	2017-01-06 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
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 **Sumana Ketha, MD** on **2017-01-13**.

Printed on 12-Feb-2017 20:08:04 pm.