

Marilyn Bell: Patient Information
Patient Record Number:6146

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: Marilyn Bell
External ID: 6146
DOB: 1957-12-09
Sex: Female

Address: 4110 Marshall Drive
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Emergency Contact: 214-772-0225
Mobile Phone: 214-791-5157
Street Address: 4110 Marshall Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-19-2016.
Risk Factors: Chronic Pain,Thyroid Disease (Low or High).

Family History:

Last Recorded On: 11-19-2016.
Father: Hypertension..
Mother: Hypertension and diabetes..

Social History:

Last Recorded On: 11-19-2016.
Tobacco: No smoking. **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Other History: Influenza November 2015..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 508370593
Group Number :
Employer Name : Marilyn Bell

Immunizations:

Marilyn Bell: Chief Complaint
Patient Record Number:6146

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Seen by Sumana Ketha MD
Seen on 15-September-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of chronic conditions of chronic, asthma, diabetes 2, hypertension, hypothyroidism, congestive heart failure, heart disease, and chronic pain. Patient complaints of pain in her feet.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old female with known history of congestive heart failure, heart disease, gout, insomnia, GERD, CAD, DM2, chronic pain, hypothyroidism, hypertension, chronic obstructive pulmonary disease and asthma. Patient complain of pain in her feet due to a gout. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	178	88	0.00	69.00	97.80	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No **Yes**

Need ~~More~~ Singers?

Non-steroidal anti-inflammatory drugs

No ~~But~~ ~~US~~ ~~Free~~ ~~Of~~ Motion YES

NOTES

No Dental Difficulties

Physical Exam:

SIGRO:

Upper Airway Obstruction: No Evidence of Obstruction. Bilateral Nasal Turbinates-Within Normal Limits.

WUNSCH:

Normal Mean, SE, CI, Observed, Normal Distribution, Observed, Normal Limits.

NECK:

Salivary Glands: Parotid Glands: Glands: No Abnormalities Seen. Normal IVDs. Lymphadenopathy-Within Normal Limits.

CV:

RRR-Within Normal Limits .

RESP:

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

G|:

Oorganomegoly-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Ipratropium-Albuterol ,0.5-2.5 (3) MG/3ML SOLN, USE 1 UNIT DOSE IN NEBULIZER 4 TIMES DAILY, Quantity: 120, Refill Quantity: 5 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-09	

Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-10-06
Benazepril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-10-06
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-10-06
MiraLax , PACK, MIX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-10-06
Nitroglycerin ,0.4 MG/HR PT24, APPLY PATCH FOR 12 TO 14 HOURS DAILY, THEN REMOVE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-10-06
Xopenex HFA ,45 MCG/ACT AERO, INHALE 2 PUFFS EVERY 4 HOURS AS NEEDED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-10-06
LamISIL ,250 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-05
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET THRICE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-09-29
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-15
Cephalexin ,500 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY UNTIL GONE, Quantity: 21, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15
Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 1 TO 2 TEASPOONFUL EVERY 6 HOURS AS NEEDED, Quantity: 240, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16
Zolpidem Tartrate ,5 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16
Metoprolol Tartrate ,100 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-05-04

Polyethylene Glycol 3350 , POWD, MIX 1 CAPFUL IN 8 OUNCES OF WATER AND DRINK AT BEDTIME AS NEEDED FOR CONSTIPATION, Quantity: 527, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-05-04
Qvar ,40 MCG/ACT AERS, INHALE ONE PUFF BY MOUTH DAILY, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC	Active	2016-05-04
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-02
Chantix ,1 MG TABS, half a tab on day 1-3 half a tab twice a day on days 4-7 one tab day 8 for 11 weeks, Quantity: 85, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-02
MiraLax , PACK, MIX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-02
Nystatin ,100000 UNIT/GM CREA, APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S), Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-02
Qvar ,40 MCG/ACT AERS, Inhale 1 puff daily, Quantity: 8.7, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-02
Metoprolol Tartrate ,100 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-02
Nitroglycerin ,0.4 MG/HR PT24, APPLY PATCH FOR 12 TO 14 HOURS DAILY, THEN REMOVE, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-13

Plan Note:

Plan Note Status:Finalized

Continue with treatment as previously. Reviewed and continue same medications, no new medications noted this visit. 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 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current plan.
2. Diabetes mellitus with neuropathy, continue current plan.
3. Osteoarthritis with chronic pain, continue current plan.
4. Coronary artery disease, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Vit D deficiency, continue current plan.
7. Anxiety, continue current plan.

Medication refills as follows:

1. Norco 10/325 mg t.i.d.
2. Xanax 0.5 mg tid
3. Ambien 5 mg q.h.s

4. Clozapam

Medical Problem:

Description	Status	Start Date	End Date
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-09-15	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-09-15	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-28	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-28	
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	2016-07-28	
Severe persistent asthma, uncomplicated (ICD10:J45.50 Severe persistent asthma, uncomplicated) Unknown or N/A	Active	2016-06-18	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-15	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-06-15	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-06-15	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-06-15	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-15	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-31	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-05-12	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-04-19	
Chronic combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-04-19	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-04-19	
Gastro-esophageal reflux disease with esophagitis (ICD10:K21.0 Gastro-esophageal reflux disease with esophagitis) Unknown or N/A	Active	2016-04-19	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-12	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-04-12	

Chronic ischemic heart disease, unspecified
(ICD10:I25.9 Chronic ischemic heart disease, unspecified)
Unknown or N/A

Active

2016-04-12

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Calvary Healthcare Inc

Primary Justification Medical Conditions: Hypothyroidism,Asthma,COPD,diabetes,Heart_Failure,HTN,Heart_Disease

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to Chronic obstructive pulmonary disease and chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to COPD and chronic pain. Patient is weak with poor balance and experience shortness of breath with ambulation causing patient to be at increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-09-15 06:35

Signed By (Physician): 18

Signed on (Physician): 2016-09-22 06:35

Form_status: finalized

Procedure Order:

Patient ID	6146	Order ID	933
Patient Name	Bell, Marilyn	Ordered By	Love-Jones, Derrick
Order Date	2016-11-20	Print Date	2016-11-20
Order Status	complete	Encounter Date	2016-11-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-20		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-22**.

Printed on 20-Nov-2016 09:13:16 am.