

Rickey Harrison: Patient Information
Patient Record Number:6220

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: Rickey Harrison
External ID: 6220
DOB: 1964-02-11
Sex: Male
S.S.: 465-35-5804

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Mecca (care giver)
Emergency Phone: 214-791-0490
Home Phone: 214-381-8218
Mobile Phone: 214-374-2729
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 12-03-2016.
Father: Father deceased..
Mother: Mother deceased..
Siblings: One brother died and two sisters, which are alive and unknown diseases..
Offspring: No children..

Social History:

Last Recorded On: 12-03-2016.
Tobacco: Current some day smoker Smokes one packet per day. **Status:**
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: N drug use. **Status:** Never

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-06-27
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 526564597
Group Number :
Employer Name : Rickey Harrison

Immunizations:

Rickey Harrison: Chief Complaint
Patient Record Number:6220

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Seen by Sumana Ketha MD
Seen on 23-September-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of the following: hypertension with vascular complications, hyperlipidemia, anxiety and schizophrenia. Patient complains of elevated anxiety.

History of Present illness:

HPI Status:Finalized

A 52-year-old African-American male in NAD with the following chronic medical conditions of hypertension with vascular complications, hyperlipidemia, anxiety, and schizophrenia. Patient has a long history of mental illness, ETOH abuse and drug abuse. Patient states that his anxiety has been increasing over the last couple of weeks. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-23	133	90	180.00	60.00	97.80	16.00	~	35.1	0.00

Review of Systems:

Constitutional:

Perhitungan Nilai Salingan:

No Schizophrenia Psych Diagnosis YES

No. 09-0786

Nebraska Department of Transportation

No Blame No Shame

No Significant Change Of Motion

No Constipation

Physical Exam:

CRIM:

Final Report - Immunohistochemical Analysis of the Tumor and Metastatic Lesions

BSAECH:

Report of Findings: The nasal cavity is patent bilaterally. The nasal turbinates are within normal limits. The maxillary and ethmoid sinuses are clear. The sphenoid sinus is partially opacified, likely due to mucosal thickening. The nasopharynx is clear. The larynx and trachea are within normal limits. The lungs are clear. The heart is within normal limits. The diaphragm is at the level of the T10 vertebra. The bony structures of the skull base and orbits are within normal limits.

CV:

Reference: **REPEATED WITHIN NORMAL LIMITS.**

RESP:

Lungs CTAB-Within Normal Limits .

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

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low-salt, low-fat, low cholesterol diet with current medical condition. Patient was instructed to go to ER if symptoms of chest pain, shortness of breath, accessibility, blurred vision or systolic greater than 200. Patient encouraged to exercise daily. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Anxiety, continue current plan.
2. Insomnia, continue current plan.

3. Hypertension with vascular complications, continue current plan.
4. Coronary artery disease, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-23	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-12	
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	2016-08-12	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-01	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-07-01	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-07-01	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-01	

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: We care daycare

Primary Justification Medical Conditions: hyperlipidemia,HTN,Schizophrenia

Additional Medical Conditions: Anxiety

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness and then ability to self medicate correctly.

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

Signed by (NP): 16

Signed On (NP): 2016-09-23 03:03

Signed By (Physician): 18

Signed on (Physician): 2016-09-28 03:03

Form_status: finalized

Procedure Order:

Patient ID	6220	Order ID	956
Patient Name	Harrison, Rickey	Ordered By	Love-Jones, Derrick
Order Date	2016-12-03	Print Date	2016-12-03
Order Status	complete	Encounter Date	2016-12-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-03		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-30**.

Printed on 03-Dec-2016 21:55:17 pm.