

Guy Webb: Patient Information
Patient Record Number:5774

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: Guy Webb
External ID: 5774
DOB: 1957-09-09
Sex: Male
S.S.: 453-23-3164
Marital Status: Single
User Defined: 214-484-6153

Address: 1115 W Main St
City: Lancaster
State: Texas
Postal Code: 75146
Country: USA
Emergency Contact: Ade(house Owner)
Emergency Phone: 214-315-0130
Mobile Phone: 469-407-5015
Street Address: 1115 W Main St
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 12-04-2016.
Risk Factors: Hepatitis,Insomnia.

Family History:

Last Recorded On: 12-04-2016.
Father: Father deceased, complaints with ETOH abuse..
Mother: Mother deceased, complaints with hypertension and chronic obstructive pulmonary disease..
Siblings: One brother deceased..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 12-04-2016.
Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis,Hypertension.

Social History:

Last Recorded On: 12-04-2016.
Tobacco: Current every day smoker Smokes 1/2 pack per day **Status:** Current
Alcohol: Stopped drinking **Status:** Quit
Recreational Drugs: **Status:** Never
Counseling: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Educational level is 12th grade..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-04-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2010-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2016-02-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 521811311
Group Number :
Employer Name : Guy Webb
Copay :
Insured ID Number : 521811311
Group Number :
Employer Name :

Immunizations:

Guy Webb: Chief Complaint
Patient Record Number:5774

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Seen by Sumana Ketha MD

Seen on 26-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of cirrhosis, neuropathy, hypertension, tobacco use, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataracts, anxiety, bipolar, schizophrenia, and mononeuritis. Patient complains of foot pain.

History of Present illness:

HPI Status:Finalized

A 59-year-old white male in NAD with multiple chronic conditions of hypertension, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataracts, and schizophrenia. Patient states that for several days his feet have been hurting. Patient describes his pain as numbness and rates his current pain at 6/10. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	132	83	162.00	67.00	98.20	16.00	~	25.4	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

NO **YES**

No. 11-12333

No ~~business~~ business

Normalized Size Range

No Side Effects on Urine

Not a Good Representative

No Thought Content

No Ha

No Col

No Obstruction

No Obstruction

Physical Exam:

REMARKS:

Oil Analysis Results Summary: Oil Analysis Report No. 2024-08-01, Date: 2024-08-01, Technician: John Doe, Machine: 1500cc Diesel Engine, Mileage: 120,000. Results: Oil Level: Full, Color: Dark Brown, Viscosity: 15W-40, Soot: Low, Fuel Dilution: None, Water: None, Acid Number: Normal, Oxidation: Within Normal Limits.

EXTREMITIES:

Subsequent to the completion of the 2014-2015 season, the following limits will apply:

CV:

Reference: Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3			
Unknown or N/A	Active	2016-10-17	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Carvedilol ,3.125 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Folic Acid ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Folic Acid ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Tamsulosin HCl ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Tamsulosin HCl ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2016-01-04
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2016-01-04
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3	Unknown or N/A	Active	2015-10-15
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3	Unknown or N/A	Active	2015-10-15
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2015-04-07
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2015-04-07
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2015-04-07
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Tamsulosin HCl ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Tamsulosin HCl ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-05
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-05

Plan Note:

Plan Note Status:Finalized

Continue the same treatment plan as previous. Reviewed and 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 conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or us to systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No laugh needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Neuropathy, controlled on medications.
2. Hypertension with vascular complications, continue current medications.
3. Insomnia, continue current medications.
4. Bipolar disorder, controlled on medications.
5. Cirrhosis, stable.
6. Chronic obstructive pulmonary disease, continue current medication
7. Anxiety, continue current medication
8. Hyperlipidemia, monitor lipids and continue current medication
9. Benign prostatic hyperplasia, continue current medications.
10. Cataracts, monitor.
11. Schizophrenia, stable, continue current medication

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-02	
Unspecified cirrhosis of liver (ICD10:K74.60 Unspecified cirrhosis of liver) Unknown or N/A	Active	2015-10-02	
Polyneuropathy, unspecified (ICD10:G62.9 Polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-02	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-02	

Enlarged prostate with lower urinary tract symptoms (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-02
Biliary cirrhosis (ICD10:K74.5 Biliary cirrhosis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, 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
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Acute exacerbation of chronic obstructive pulmonary disease [COPD] (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Asthma unspecified (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Benign Prostatic hyperplasia (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Insomnia unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Cataracts (ICD10:H26.9 Unspecified cataract) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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
Unspecified schizophrenia, in remission (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Alcoholic fatty liver (ICD10:K70.0 Alcoholic fatty liver) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No know drug allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
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Bilateral hip replacement surgeries, left on 2011 and right on 2013.
Unknown or N/A

Active

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

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: Asthma,Hyperplasia,bipolar,COPD,HTN,Schizophrenia

Additional Medical Conditions: Neuropathy, Insomnia

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed in this visit.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-10-26 07:22

Signed By (Physician): 18

Signed on (Physician): 2016-11-02 07:22

Form_status: finalized

Procedure Order:

Patient ID	5774	Order ID	1049
Patient Name	Webb, Guy	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
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 **2016-11-02**.

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