

Christina Tyska: Patient Information
Patient Record Number:1989

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: Christina Tyska
External ID: 1989
DOB: 1937-02-13
Sex: Female
S.S.: 370-34-2287
Marital Status: Single
User Defined: not to Darolyn
Patient Drive Folder: 0B0x_tbqdBDPhRmQ3ZlpTTmNuYmM

Address: 971 E Sanford St Apt 3204
City: Arlington
State: Texas
Postal Code: 76011
Country: USA
Mother's Name: not to Darolyn
Home Phone: 214-288-2755
User Email: tchristina@gmail.com
Street Address: 971 E Sanford St
Apt/Suite/Other: 3204

Past Medical History:

Last Recorded On: 02-03-2017.
Risk Factors: Gall Bladder Condition,Kidney Stones,Neuropathy.
Additional Medical History: Murmur..

Family History:

Last Recorded On: 02-03-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: One child..

Social History:

Last Recorded On: 02-03-2017.
Tobacco: Current every day smoker Smoker 2 packs per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Low fat, low salt, low cholesterol diet..

Tests and Exams:

Last Recorded On: 02-03-2017.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal 05/09/2014
TSH Thyroid-Stimulating Hormone (every year) Normal 05/09/2014
CBC Complete Blood Count (3 months) Abnormal 05/09/2014
CMP Comprehensive Metabolic Panel (3 months) Abnormal 05/09/2014
LIPIDS (once year unless chol meds) Abnormal 05/09/2014
LDL / HDL Abnormal 05/09/2014

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 05/08/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.
Urine Culture (prn) Normal Done on 05/08/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.
ECG Normal Done on 05/07/2015, at Reliance Imaging, Ordered by Dr. Sumana Ketha.
Ultrasound Normal Done on 05/07/2015, at Reliance Imaging, Ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2002-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 370342287A
Group Number :
Employer Name : Christina Tyska

Immunizations:

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Followup home visit for management of peripheral vascular disease, neuropathy, hypertension, chronic obstructive pulmonary disease, diabetes mellitus type 2, hyperlipidemia, eczema, depression, lumbago, morbid obesity, abnormal gait, incontinence, cellulitis, carpal tunnel syndrome, and is a smoker. Patient complain of right hip pain.

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TAB 4 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0			
Unknown or N/A	Active	2017-01-24	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 21, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-12-08
Famotidine ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-01
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-18
Lisinopril ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-18
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-18
Gabapentin ,300 MG CAPS, TAKE ONE CAPSULE BY MOUTH TWICE A DAY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-05
Metoprolol Tartrate ,25 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-28
Lisinopril ,10 MG TABS, TAKE ONE TABLET BY MOUTH ONCE A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-17
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-17
Triamcinolone Acetonide ,0.1 % CREA, Apply to Affected Area 3 times a day, Quantity: 454, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-17
Lovastatin ,40 MG TABS, TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-05

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. Reviewed and continue same medications. No new medications noted this visit. Medication adherence education was given to patient. Patient educated on benefits of low so, 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 systolic blood pressure greater than 200. Patient encouraged to exercise daily. Patient verbalized understanding of the above above plan and was given the office number for any questions or concerns. Discussed treatment plan with patient. Prognosis is fair and patient is stable at this time. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Chronic obstructive pulmonary disease, continue current plan.
2. Lumbago with chronic pain, continue current plan.
3. Hyperlipidemia, continue current plan.

4. Depression, continue current plan.
5. Chronic pain syndrome, continue current pain medications.
6. Hypertension with vascular complications, continue current plan.
7. Diabetes mellitus 2 with neuropathy, continue current plan.
8. History of cellulitis, continue current plan.
9. Peripheral vascular disease, continue current plan.
10. Urinary incontinence, continue current plan.
11. Carpal tunnel syndrome, continue current plan.
12. Morbid obesity, continue to monitor and educate.
13. Abnormal gait, continue current plan.

Medication refills as follows,
Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-12-15	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-12-15	
Cellulitis of unspecified finger (ICD10:L03.019 Cellulitis of unspecified finger) Unknown or N/A	Active	2016-09-01	
Felty's syndrome, unspecified site (ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-06	
Pulmonary heart disease, unspecified (ICD10:I27.9 Pulmonary heart disease, unspecified) Unknown or N/A	Active	2015-12-26	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-12-26	
Gastro-esophageal reflux disease with esophagitis (ICD10:K21.0 Gastro-esophageal reflux disease with esophagitis) Unknown or N/A	Active	2015-12-26	
History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2015-12-26	
Unspecified contact dermatitis, unspecified cause (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-12-03	
Cellulitis, unspecified (ICD10:L03.90 Cellulitis, unspecified) Unknown or N/A	Active	2015-12-03	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-27	
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) 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	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, 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	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	

Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01
Frequency of urination and polyuria (ICD10:R35.0 Frequency of micturition) Unknown or N/A	Active	2015-10-01
Cellulitis and abscess of leg, except foot (ICD10:L03.119 Cellulitis of unspecified part of limb) Unknown or N/A	Active	2015-10-01
Dyshidrosis (ICD10:L30.1 Dyshidrosis [pompholyx]) Unknown or N/A	Active	2015-10-01
Carpal tunnel syndrome (ICD10:G56.00 Carpal tunnel syndrome, unspecified upper limb) Unknown or N/A	Active	2015-10-01
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) 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
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Phlebitis and thrombophlebitis of deep veins of lower extremities, other (ICD10:I80.209 Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity) 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
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) 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
Edema (ICD9:782.3 Edema) Unknown or N/A	Active	2015-07-28
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2015-07-28
Contact dermatitis and other eczema, unspecified cause (ICD9:692.9 Contact dermatitis and other eczema, unspecified cause) Unknown or N/A	Active	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Right hip fracture repair surgery. Unknown or N/A	Active		

Lower intestinal blockage.
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: Encompass Home Health of DFW

Primary Justification Medical Conditions:

Mobility_Impairments,hyperlipidemia,HTN,Heart_Disease,diabetes,Depression,COPD

Additional Medical Conditions: Cellulitis, Neuropathy, Lumbago, Incontinence , Abnormal gait, peripheral vascular disease.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to inability to self medicate correctly.

Certification Statement: Patient is homebound due to limited mobility, inability to self medicate correctly and narcotic drug use.

Signed by (NP): 16

Signed On (NP): 2016-12-15 03:30

Signed By (Physician): 18

Signed on (Physician): 2016-12-22 03:30

Form_status: finalized

Printed:

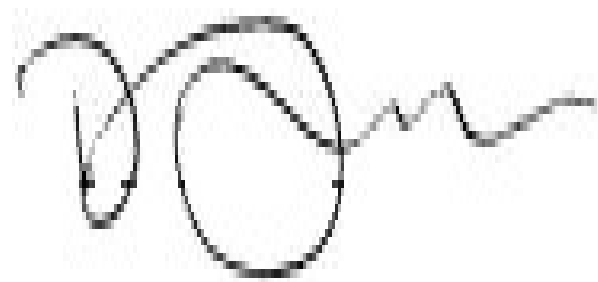
DME:

Description	Status	Start Date	End Date
Manual wheelchair (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	

Procedure Order:

Patient ID	1989	Order ID	1354
Patient Name	Tyska, Christina	Ordered By	Love-Jones, Derrick
Order Date	2017-02-04	Print Date	2017-02-04
Order Status	complete	Encounter Date	2017-02-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-02-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-22**.

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