Stephen Cornia: Patient Information

Patient Record Number:6295

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: Stephen G Cornia External ID: 6295 **DOB**: 1990-02-26 Sex: Male

Marital Status: Single

Address: 3831 Mehalia Dr

City: Dallas State: Texas Postal Code: 75241 Country: USA

Emergency Contact: 469-348-1541 Home Phone: 214-331-7700 Street Address: 3831 Mehalia Dr

Family History:

Last Recorded On: 10-12-2016.

Father: Father is alive... Mother: Mother is alive .. Siblings: One brother, alive..

Offspring: Denies..

Social History:

Last Recorded On: 10-12-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 12th grade..

Other History: Immunizations, none..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2016-09-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 510013685

Group Number:

Employer Name: Stephen Cornia

Immunizations:

Stephen Cornia: Chief Complaint

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Seen by Sumana Ketha MD Seen on 06-September-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions of schizophrenia, depression, bipolar, epilepsy, anxiety, and chronic pain syndrome. Patient complains of elevated anxiety.

History of Present illness:

HPI Status:Finalized

A 26-year-old African-American female in NAD with multiple chronic conditions of the following of schizophrenia, depression, bipolar, epilepsy, anxiety, and chronic pain syndrome. Patient denies any surgical history and recent hospitalizations. Patient has metal medical allergies to Depakote and denies any food allergies. Patient complains of high anxiety level. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Family History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-09-06	115	82	135.00	64.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Bestfülliğin ilkişlith **e Tal**ngat:

Not Black the Sphrenia Psych Diagnosis YES

New Manufacture Ma

No **Blandoff Bibliob**pl**pes**te

No Clatantg Petab Blewnel

No Diarrhea

No Constipation

Physical Exam:

២ភាពសុខា ប្រាស់ មានសុខា នាលាការប្រាស្ថិត ខាងសុខា នាលាការប្រសាធារាជា និងសុខា នាលាការប្រាស្ថិត និងសុខា នាលាការប្រាស្ថិត និងសុខា និងសិស្ស និងសុខា និង

NEBRO:

Bodifill Belga Eliphis Aliahida Aliahida Aliahida Aliahida Solah Limits omab Limits .

ESYCH:

ԱԵՒՊ-Համ/մական «Հիախանդ վարտանց վարտանց «ված Masan, «**Մ**Ozni ակտացաց» (**- Within phi dx ր հ**ail atternates Nasal Turbinates - Within Normal Limits . **RESP:**

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

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan his previous provider. 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 systolic blood pressure greater than 200. Patient was encouraged to exercise daily as tolerated. Full set of labs of the following ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. 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. Anxiety, continue current plan.
- 2. Epilepsy, continue current plan.
- 3. Bipolar, continue current plan.
- 4. Depression, continue current plan.
- 5. Schizophrenia, continue current plan.
- 6. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

Carbamazepine 200 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-09-06	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-06	

Allergies:

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

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES Is Home Health Care Needed: YES

 $\label{eq:Does Patient have reliable other Primary Care Physician: NO } \\$

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia, Rheumatoid Arthritis_Osteoarthr, bipolar, Depression

Additional Medical Conditions: Epilepsy, Chronic Pain Syndrome

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 illness.

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

Signed by (NP): 16

Signed On (NP): 2016-09-06 03:10 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-13 03:10

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6295	Order ID	990
Patient Name	Cornia, Stephen G	Ordered By	Love-Jones, Derrick

Order Date	2016-10-12	Print Date	2016-10-12
Order Status	pending	Encounter Date	2016-10-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
007: CBC											
		-	-								



Electronically Signed by Sumana Ketha, MD on 2016-09-13.

Printed on 12-Oct-2016 12:21:39 pm.