

Minnie Brown: Patient Information
Patient Record Number:742

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: Minnie Brown
External ID: 742
DOB: 1957-01-20
Sex: Female
S.S.: 456-13-2459
Marital Status: Divorced
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NWs5NU85WDJMV28>

Address: 2782 Wilhurt Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: Kim
Emergency Phone: 214-861-5376
Home Phone: 214-900-3440
User Email: mbrown@gmail.com
Street Address: 2782 Wilhurt Ave
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-30-2016.
Risk Factors: Chronic Pain,Insomnia,GERD,Lumbago.

Family History:

Last Recorded On: 10-30-2016.
Father: Father died with hypertension and prostate cancer..
Mother: Mother died with diabetes mellitus and colon cancer..
Siblings: Two sisters and two brother are alive complaints of diabetes and hypertension..
Offspring: Two children. One boy and one girl..

Primary Family Med Conditions:

Last Recorded On: 10-30-2016.
Chronic Conditions: Diabetes,Hypertension,Colorectal Cancer,Prostate Cancer.

Social History:

Last Recorded On: 10-30-2016.
Tobacco: Never smoker Nonsmoker. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Patient education level is high school..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-30-2016.

Retinal Exam Normal Done on 07/01/2014, from Buckner Vision

Employer Name : Minnie Brown

Immunizations:

Minnie Brown: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 06-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, insomnia, bipolar, rheumatoid arthritis, urinary incontinence, osteoarthritis, chronic pain, and morbid obesity. Patient complains of pain in the bottom of his feet.

History of Present illness:

HPI Status:Finalized

Patient is a 59-year-old African American female with multiple chronic conditions of hypertension, diabetes mellitus type 2, gastroesophageal reflux disease, rheumatoid arthritis, chronic pain, bipolar, lumbago, urinary incontinence, morbid obesity, allergic rhinitis, hyperlipidemia, and osteoarthritis. Patient states she has been having a lot of pain in the bottom of her feet. Patient denies any other issues upon examination. Patient rates pain at 7/10. Patient denies CP, HA, and N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-06	153	100	209.00	60.00	97.60	20.00	~	40.8	0.00

Review of Systems:

Constitutional:

Researcher's name and affiliation:

~~CONFIDENTIAL~~ YES

File on ~~the~~ ~~subject~~ ~~of~~ ~~the~~ ~~same~~ ~~name~~ YES

No Biting or Swallowing

No External Range Of Motion

Nearest Neighbors

Need for more Depressants YES

No Obstruction

Physical Exam:

EXAMPLE:

[illegible]**EXTREMITIES:**

Septum: Intact, midline, no deviation. **Conchae:** Inferior, middle, superior - All within normal limits. **Uvula:** Pink, Bilateral Nasal Turbinates-Within Normal Limits.

CV:

REPAIR WITH NORMAL LIMITS crafts limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
HydrALAZINE HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 12 HOURS (FOR BLOOD PRESSURE), Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-03	

HydrALAZINE HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 12 HOURS (FOR BLOOD PRESSURE), Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
CloNIDine HCl ,0.2 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-09
Isosorbide Dinitrate ,20 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
CloNIDine HCl ,0.2 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-26
HydrALAZINE HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 12 HOURS (FOR BLOOD PRESSURE), Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-26
Isosorbide Dinitrate ,20 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-26
Levemir FlexPen ,100 UNIT/ML SOPN, INJECT 48 UNITS SUBCUTANIOUSLY IN THE MORNING 1 TIME DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-26
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-26
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE BY MOUTH ONCE A WEEK, Quantity: 4, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-20

Plan Note:

Plan Note Status:Finalized

1. Diabetes mellitus 2 with neuropathy, continue current plan.
2. Congestive heart failure with systolic complications, continue current plan.
3. Bipolar, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
6. Insomnia, stable on medications.
7. Chronic pain syndrome, continue current pain medication.
8. Bipolar, continue current plan.
9. Rheumatoid arthritis/osteoarthritis with chronic pain, continue PT/OT.
10. Lumbago with chronic pain, continue current plan.
11. Anxiety, continue current plan.
12. Hyperlipidemia, Monitor lipids.
13. Allergic rhinitis, continue current plan.

14. Vitamin D deficiency, on supplements.
15. Urinary incontinence, continue current plan.
16. No medication refills needed this visit.
17. Medication adherence was given to the patient. Continue treatment as planned.
18. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
19. Reviewed old records of the patient.
20. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-06	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-06	
Vitamin D deficiency, unspecified (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2016-05-12	
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2016-04-04	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-12-22	
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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Anxiety (ICD10:F41.9 Anxiety disorder, unspecified) 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	
Hypertonicity of bladder (ICD10:N32.81 Overactive bladder) Unknown or N/A	Active	2015-10-01	
Iron deficiency anemia (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01	
Proteinuria (ICD10:R80.9 Proteinuria, unspecified) Unknown or N/A	Active	2015-10-01	
Allergy unspecified (ICD10:T78.40XA Allergy, unspecified, initial encounter) Unknown or N/A	Active	2015-10-01	

Spasm of muscle (ICD10:M62.838 Other muscle spasm) 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
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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
C section 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: NO

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

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 skilled nursing needed at this time.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-07-06 03:29

Signed By (Physician): 18

Signed on (Physician): 2016-07-13 03:30

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Underpads (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

Pads/Liners

(ICD9:788.30 Urinary incontinence, unspecified)

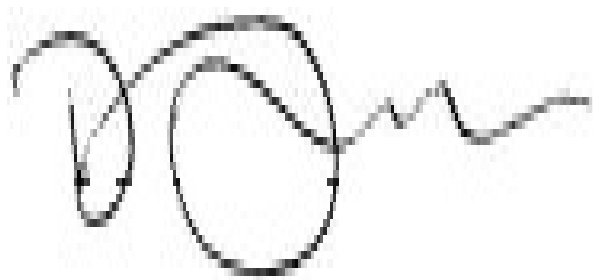
Active

Unknown or N/A

Procedure Order:

Patient ID	742	Order ID	692
Patient Name	Brown, Minnie	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-30		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Derrick Love-Jones** on **2016-07-12**.

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