

Jewel Brown: Patient Information
Patient Record Number:1221

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: Jewel Brown
External ID: 1221
DOB: 1943-08-09
Sex: Female
S.S.: 458-48-6775
Marital Status: Divorced
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NVg2cTBvNVJNc1U>

Address: 11760 Ferguson Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Home Phone: 214-916-8861
Mobile Phone: 469-285-8077
User Email: jbrown@gmail.com
Street Address: 11760 Ferguson Rd
Apt/Suite/Other: #2025 Building-D

Past Medical History:

Last Recorded On: 10-23-2016.
Risk Factors: Gout,Lumbago.
Additional Medical History: Allergic rhinitis, cardiomyopathy..

Family History:

Last Recorded On: 10-23-2016.
Father: Father had heart disease and liver cirrhosis..
Mother: Mother had hypertension,congestive heart failuer, and history of cancer..
Offspring: Two children..

Primary Family Med Conditions:

Last Recorded On: 10-23-2016.
Chronic Conditions: Heart Failure,Hypertension.
Chronic Body System Category: Diseases of the circulatory system ,Diseases of the digestive system .

Social History:

Last Recorded On: 10-23-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well..
Other History: Education level is 11th grade. Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-23-2016.

PT/INR (if no HH) Abnormal Done on 08/31/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

Vitamin D (6 mo if on pills) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

Mammogram (>40yrs, Yearly) N/A Done on 2011.

Sigmoid/Colonoscopy N/A Done

PAP Smear N/A Done on 2011.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2008-08-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2016-03-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2011-02-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Secondary

Start Date : 2012-12-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 458486775D6

Group Number :

Employer Name : Jewel Brown

Copay :

Insured ID Number : 458486775D6

Group Number :

Employer Name : Jewel Brown

Copay :

Insured ID Number : 523789206

Group Number :

Employer Name : Jewel Brown

Copay :

Insured ID Number : 523789206

Group Number :

Employer Name : Jewel Brown

Immunizations:

Jewel Brown: Chief Complaint
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Seen by Darolyn Perkins
Seen on 15-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of schizophrenia, osteoarthritis, insomnia, cough, chronic pain, cataract, sleep apnea, allergic rhinitis, hyperlipidemia, diabetes mellitus type 2, hypertension, atrial fibrillation, backache, chest pain, asthma, urinary incontinence, gout, bronchitis, convulsions, depression, and cardiomegaly. Patient complains of pain in lower back.

History of Present illness:

HPI Status:Finalized

A 73-year-old African American female in NAD with multiple chronic conditions of schizophrenia, osteoarthritis, insomnia, chronic pain, cataract, sleep apnea, allergic rhinitis, hyperlipidemia, diabetes mellitus type 2, hypertension, atrial fibrillation, urinary incontinence, backache, chest pain, asthma, gout, bronchitis, convulsions, depression and cardiomegaly. Patient continues to complain that she has chronic lower back pain that radiates down her right leg. Patient rates pain 6/10. Patient was in hospital for pain and they added tizanidine to her medications. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	147	65	267.00	61.00	98.20	18.00	~	50.4	0.00

Review of Systems:

Constitutional:

Genetic Engineering Technology:

[illegible]

Physical Exam:

SUMMARY:

Within Normal Limits.

EXTREMITIES:

Business and Personal Financial Limits .

CV:

Reprint: www.five-nine.com/Reprints

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Warfarin Sodium ,2.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-05	
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take one tablet by mouth three times daily as needed, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-04-24	
Lantus SoloStar ,100 UNIT/ML SOPN, Inject 70 Units At Bedtime, Quantity: 15, Refill Quantity: 4 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2014-11-07	

Plan Note:

Plan Note Status:Finalized

1. Lumbago with sciatica, continue medications.
2. Congestive heart failure with systolic complications, monitor.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue pain medications.
5. Gout, continue medications.
6. Depression, well controlled with medications.
7. Schizophrenia, monitor.
8. Chronic obstructive pulmonary disease/asthma, continue nebulizers.
9. Hyperlipidemia, check lipids.
10. Insomnia, continue current medications.
11. Sleep apnea, continue current plan.
12. No medication refills needed this visit.
13. Medication adherence was given to the patient. Continue treatment as planned.
14. 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.
15. Reviewed old records of the patient.
16. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Other convulsions (ICD10:R56.9 Unspecified convulsions) 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	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Other specified arthropathy, lower leg (ICD10:M12.869 Other specific arthropathies, not elsewhere classified, unspecified knee) Unknown or N/A	Active	2015-10-01	
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	

Chest pain, unspecified (ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified 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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Backache, unspecified (ICD10:M54.9 Dorsalgia, 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
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Malignant 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, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Major depressive disorder, single episode (ICD9:296.20 Major depressive affective disorder, single episode, unspecified) Unknown or N/A	Active	
Unspecified schizophrenia, unspecified state (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active	
Osteoarthritis, localized, primary, involving hand (ICD9:715.14 Osteoarthritis, localized, primary, hand) Unknown or N/A	Active	
Osteoarthritis, localized, primary, involving lower leg (ICD9:715.16 Osteoarthritis, localized, primary, lower leg) Unknown or N/A	Active	
Depressive disorder, NOS (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	
Chronic pain syndrome (ICD9:338.4 Chronic pain syndrome) Unknown or N/A	Active	
Cardiomegaly (ICD9:429.3 Cardiomegaly) Unknown or N/A	Active	
Nonsenile cataract, unspecified (ICD9:366.00 Nonsenile cataract, unspecified) Unknown or N/A	Active	
Obstructive sleep apnea (adult)(pediatric) (ICD9:327.23 Obstructive sleep apnea (adult)(pediatric)) Unknown or N/A	Active	
Allergic rhinitis, cause unspecified (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active	
Other primary cardiomyopathies (ICD9:425.4 Other primary cardiomyopathies) Unknown or N/A	Active	
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active	

Cough (ICD9:786.2 Cough) Unknown or N/A	Active
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Baylor for Asthma Unknown or N/A	Active	2015-08-19	
Colonoscopy in 2012 Unknown or N/A	Active		
Partial hysterectomy Unknown or N/A	Active		
Cholecystectomy Unknown or N/A	Active		
CVA right hemi 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:

Primary Justification Medical Conditions: Schizophrenia,HTN,Heart_Failure,Cataract,Asthma,diabetes,Depression

Additional Medical Conditions:

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 schizophrenia, asthma and inability to self medicate correctly.

Certification Statement: Patient is home bound due to asthma and schizophrenia. Patient experiences confusion and shortness of breath and is unable to safely leave home alone.

Signed by (NP): 302

Signed On (NP): 2016-09-15 07:27

Signed By (Physician): 18

Signed on (Physician): 2016-09-22 07:27

Form_status: finalized

Printed:

DME:

Description	Status	Start Date	End Date
Wheelchair-Manual Unknown or N/A by Dr. Sumana Ketha	Active		

Walker	Active
Unknown or N/A by Dr. Sumana Ketha	
Cane	Active
Unknown or N/A by Dr. Sumana Ketha	
Bathroom Safety Devices	Active
Unknown or N/A by Dr. Sumana Ketha	
Alcohol Pads	Active
Unknown or N/A by Dr. Sumana Ketha	
Probe covers	Active
Unknown or N/A by Dr. Sumana Ketha	
Gloves	Active
Unknown or N/A by Dr. Sumana Ketha	
Diabetic Supplies	Active
Unknown or N/A by Dr. Sumana Ketha	



Electronically Signed by **Darolyn Perkins** on **2016-09-22**.

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