

Mary Williams: Patient Information
Patient Record Number:5398

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: Mary Williams
External ID: 5398
DOB: 1951-12-11
Sex: Female

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 07-27-2016.
Risk Factors: Chronic Pain.

Family History:

Last Recorded On: 07-27-2016.
Mother: Rheumatoid arthritis and hypertension..
Offspring: Four children..

Primary Family Med Conditions:

Last Recorded On: 07-27-2016.
Chronic Conditions: Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 07-27-2016.
Tobacco: Current every day smoker 2 packs per day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-27-2016.
Mammogram (>40yrs, Yearly) N/A Mammogram 1 month ago in Methodist Hospital

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 258687901
Group Number :
Employer Name : Mary Williams

Immunizations:

Mary Williams: Chief Complaint
Patient Record Number:5398

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Seen by Sumana Ketha MD
Seen on 15-July-2016

Chief Complaint Status:finalized

Followup home visit for management of blurred vision, hypertension, hypothyroidism, hyperlipidemia, rheumatoid arthritis, chronic pain, and allergic rhinitis. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

The patient is a 64-year-old AA female seen for medical management of blurred vision, hypertension, hypothyroidism, hyperlipidemia, degenerative joint disease, chronic pain, and allergic rhinitis. Patient complains of knee pain that has persisted for several years due to OA. Patient rates pain 7/10. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-15	113	77	150.00	64.00	97.60	20.00	~	25.7	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

YES

No Bathing Of Pets

No ~~Disruption~~ Tearing

No ~~Effect~~ ^{Effect} on appetite

No ~~Black Box~~ Vertigo

No Question Mentation

No Ha

No Coryza

No Obstruction

Physical Exam:

DISCREPANCIES:

[illegible]

REUSE:

85.75% (95% CI: 82.25% - 89.25%) **Within Normal Limits.**

CV:

Residuals Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Tylenol No. 3 p.r.n. three times a day. Unknown or N/A	Active	2015-08-12	
Levothyroxine 100 mcg/day. Unknown or N/A	Active	2015-08-12	

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain.
2. Hypertensin with vascular complications, continue medications.
3. Hypothyroidism, monitor TSH.
4. Hyperlipidemia, monitor lipids.
5. Depression, stable.
6. Visual impairment, monitor.
7. Genital herpes, continue treatment.
8. Neuropathy, controlled with medications.
9. Medication refills as follows; Amlodipine 10 mg b.i.d.
10. Medication adherence was given to the patient. Continue treatment as planned.
11. 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.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Other specified visual disturbances (ICD10:H53.8 Other visual disturbances) Unknown or N/A	Active	2015-10-01	
Viral warts, unspecified (ICD10:B07.9 Viral wart, 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	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, 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	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) 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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Alcohol abuse, continuous (ICD10:F10.10 Alcohol abuse, uncomplicated) Unknown or N/A	Active	2015-10-01	
Malignant essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Reflex sympathetic dystrophy of the lower limb (ICD10:G90.529 Complex regional pain syndrome I of unspecified lower limb) Unknown or N/A	Active	2015-10-01	
Idiopathic progressive polyneuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2015-10-01	
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active	2015-08-12	

Surgeries:

Description	Status	Start Date	End Date
Status post cholecystectomy on 07/2015 Unknown or N/A	Active	2015-08-12	
Cataract Unknown or N/A	Active	2015-08-12	
Retinal surgery Unknown or N/A	Active	2015-08-12	
Hospitalized on 07/2015. Unknown or N/A	Active	2015-08-12	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: NO

Primary Justification Medical Conditions: Hypothyroidism,hyperlipidemia,HTN,Rheumatoid Arthritis_Osteoarthr

Nursing Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-07-15 03:35

Signed By (Physician): 18

Signed on (Physician): 2016-07-21 03:36

Form_status: finalized



Electronically Signed by **Sumana Ketha, MD** on **2016-07-21**.

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