

**Sandra Dunagin: Patient Information**  
Patient Record Number:3011

**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:** Sandra Dunagin  
**External ID:** 3011  
**DOB:** 1953-12-16  
**Sex:** Female  
**S.S.:** 526-07-8124  
**Marital Status:** Single  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NWxVYIVCZm1WNXM>

**Address:** 3229 Santiago Dr  
**City:** Mesquite  
**State:** Texas  
**Postal Code:** 75150  
**Country:** USA  
**Home Phone:** 214-202-5526  
**Work Phone:** 214-613-7081  
**Street Address:** 3229 Santiago Dr  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 11-05-2016.  
**Risk Factors:** Chronic Pain,Dyspnea,Incontinence,Neuropathy.  
**Additional Medical History:** Cough..

## Family History:

**Last Recorded On:** 11-05-2016.  
**Father:** Father died with prostate cancer..  
**Mother:** Mother is alive with hypertension and diabetes..  
**Siblings:** Sister with carcinoma cancer..  
**Offspring:** Two children..

## Primary Family Med Conditions:

**Last Recorded On:** 11-05-2016.  
**Chronic Conditions:** Diabetes,Hypertension,Prostate Cancer.

## Social History:

**Last Recorded On:** 11-05-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Education level is 9th grade..

## Tests and Exams:

**Last Recorded On:** 11-05-2016.

Mammogram (>40yrs, Yearly) N/A 2009

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary  
Start Date : 2010-01-01  
Relationship to Insured : Self  
Type : N/A  
Payer : Superior Health Plan Texas (39188)

Copay :  
Insured ID Number : 526078124  
Group Number :  
Employer Name : Sandra Dunagin

Immunizations:

**Sandra Dunagin: Chief Complaint**  
Patient Record Number:3011

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**Seen by** Sumana Ketha MD  
**Seen on** 22-September-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of osteoarthritis, chronic pain, depression, asthma, anxiety, arthritis, gastroesophageal reflux disease, cough, incontinence, and abnormal gait. Patient complains of constipation.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 62-year-old Caucasian female with multiple chronic conditions of osteoarthritis, chronic pain, depression, gastroesophageal reflux disease, cough, incontinence and abnormal gait. Patient complains of constipation for 2-3 days. Her last bowel movement was 4 days ago. She also complains of pain in her feet and knees which rated as 6/10 today. Patient denies any other issues or complain upon examination. No chest pains, headache or nausea/vomiting. Reviewed medications. Reviewed labs.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-22	111	61	0.00	68.00	98.20	18.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Geometric Algebra Tuning:**

[illegible]

### Physical Exam:

**SECRET**

**Need Daily Oil Change and Big We'll Nasa Turbines-Within Normal Limits .**

**EXTREMITIES:**

**SEVENTH PRINCIPLE: THE PRINCIPLE OF NON-INTERVENTION.** The Non-Interventionist stipulation.

**CV:**

~~Red Wings National Bird Fair~~ Limited legs. .

Murmur, Rubs, Gallops-Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29	
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED FOR SEVERE ANXIETY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-28	
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19	
Lyrica ,25 MG CAPS, Take One Capsule By Mouth 3 Times Daily, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19	
Baclofen ,20 MG TABS, TAKE ONE TABLET 4 TIMES DAILY, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13	
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13	
Colace ,100 MG CAPS, TAKE ONE CAPSULE TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13	
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13	
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05	

## Plan Note:

**Plan Note Status:**Finalized

1. Constipation, continue current plan and add Miralax daily
2. Anxiety, continue current plan
3. Osteoarthritis with chronic pain continue PT/OT.
4. Chronic pain syndrome, continue current pain medication.
5. Asthma, on nebulizers.
6. Gastroesophageal reflux disease, continue current plan.
7. Depression, monitor.
8. Allergic rhinitis, well controlled on medications.
9. Abnormal gait, fall precautions given. Patient needs hospital bed.
10. Urinary incontinence, continue to monitor
11. Medication refills are none
12. Medication adherence was given to the patient. Continue treatment as planned.
13. 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.

14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Constipation, unspecified ( ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-07-20	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-20	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-16	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-18	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-18	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, 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	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) 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	
Cough ( ICD10:R05 Cough) 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	
Osteoarthritis ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	

## Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Tubal ligation Unknown or N/A	Active		
Hospitalized at DRS Hospital on 01/03/2014 for bronchitis Unknown or N/A	Active		

Triple Bypass Surgery Unknown or N/A	Active
Gallbladder Surgery Unknown or N/A	Active
Spinal Cord Injury 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

**Primary Justification Medical Conditions:** Depression, Mobility\_Impairments

**Additional Medical Conditions:** Osteoarthritis, chronic pain, incontinence.

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to mobility impairment and chronic pain and inability to self medicate

**Certification Statement:** Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 302

**Signed On (NP):** 2016-09-21 05:15

**Signed on (Physician):** 2016-09-21 05:15

**Form\_status:** finalized

## DME:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, site unspecified ordered manual wheelchair through Longhord Health Solutions ( ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Active		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-28**.

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