

Shirley Freeman: Patient Information
Patient Record Number:5729

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: Shirley Freeman
External ID: 5729
DOB: 1957-04-21
Sex: Female
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXR0J4bFJKOWxzRDQ>

Address: 3200 South Lancaster Road
City: Dallas
State: Texas
Country: USA
Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 11-12-2016.
Risk Factors: Insomnia,Neuropathy,Severe Migraine.
Additional Medical History: Cyst on both sides of neck..

Family History:

Last Recorded On: 11-12-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.
Offspring: Patient has one son..

Primary Family Med Conditions:

Last Recorded On: 11-12-2016.
Risk Factors: None.

Social History:

Last Recorded On: 11-12-2016.
Tobacco: Current every day smoker Patient still smokes 1 pack per day **Status:** Current
Alcohol: Social drinker. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well.
Other History: Influenza November 2015.

Tests and Exams:

Last Recorded On: 11-12-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2013-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 525759279
Group Number :
Employer Name : Freeman Shirley
Copay :
Insured ID Number : 525759279
Group Number :
Employer Name : Shirley Freeman

Immunizations:

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Chief Complaint Status:finalized
Follow up home visit for management of schizophrenia, insomnia, hypertension, asthma, neuropathy, osteoarthritis, chronic pain.
Patient complains of arm pain and leg pain.

History of Present illness:

HPI Status:Finalized

An African-American female in NAD with multiple chronic conditions of osteoarthritis, hypertension, insomnia, neuropathy, schizophrenia, borderline diabetes mellitus type 2. Patient states that she has had arm and leg pain for several days. Patient rates pain today 6/10, but states that she does get relief from current pain medication. Patient denies any other issues upon examination patient denies any hypoglycemia and foot check revealed no major issues. Patient denies any chest pain, headache, nausea or vomiting at this time. Reviewed labs. Reviewed medications.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-09-30 | 151 | 87 | 118.00 | 63.00 | 98.20 | 16.00 | ~ | 20.9 | 0.00 |

Review of Systems:

[illegible]

Physical Exam:

SPR:
Strength-Within Normal Limits .

BACK:
Strength-Within Normal Limits .

CYMPH:
Range of Motion-Within Normal Limits .

MUSC:
Strength-Within Normal Limits .

ROM-Within Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, Take 2 puffs 2-3 times daily as needed, Quantity: 8.5, Refill Quantity: 3 | | | |
| Unknown or N/A | Active | 2015-11-23 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications. No new medications noted this visit. Medication adherence education was given to patient and 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 encouraged to exercise daily. No labs needed this visit. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Discussed treatment plan with patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy continue current plan
2. Osteoarthritis with chronic pain continue current plan
3. Asthma continue current plan
4. Insomnia continue current plan
5. Hypertension with vascular complications continue current plan
6. Chronic Pain Syndrome continue current pain medication
7. Anxiety continue current plan
8. Schizophrenia continue current plan

Medication refills as follows:

Pro-Air INH

Tramadol 50mg bid

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) 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 | |
| Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, 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 | |
| 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 | |
| Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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 |
|---|--------|------------|----------|
| Right neck lymph node biopsy. 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

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

Signed by (NP): 16

Signed On (NP): 2016-09-30 04:41

Signed By (Physician): 18

Signed on (Physician): 2016-10-07 04:41

Form_status: finalized



Electronically Signed by **Sumana Ketha, MD** on **2016-10-06**.

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