

Laura Smith: Patient Information
Patient Record Number:5779

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: Laura Smith
External ID: 5779
DOB: 1949-09-05
Sex: Female
S.S.: 454-94-9842
Marital Status: Single

Address: 10341 Wood Height Drive
City: Dallas
State: Texas
Postal Code: 75227
Guardian's Name: Lonnie smith
Emergency Contact: 214-698-9387
Home Phone: 972-329-0633
Street Address: 10341 Wood Height Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-04-2016.
Risk Factors: Chronic Fatigue Syndrome,Chronic Pain.

Family History:

Last Recorded On: 10-04-2016.
Father: Father died with CAD, DM, HTN, and HLD..
Mother: Mother died with CAD, DM, and HTN..
Siblings: Four brothers, 1 died with MI, 3 are alive with DM and HTN. Five sisters are alive with CAD, DM, and HTN..
Offspring: One boy and one girl, healthy..

Primary Family Med Conditions:

Last Recorded On: 10-04-2016.
Chronic Conditions: Diabetes,Hyperlipidemia,Hypertension.

Social History:

Last Recorded On: 10-04-2016.
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: Influenza in 2015 Pneumovax in 2015.

Tests and Exams:

Last Recorded On: 10-04-2016.
PT/INR (if no HH) Abnormal Done on 01/16/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha.

Vitamin D (6 mo if on pills) Abnormal Done on 01/16/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 01/16/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 01/16/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 01/16/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 01/16/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha.

Mammogram (>40yrs, Yearly) N/A done in 2015

PAP Smear N/A done in 2015

ECG Normal Done on 03/06/2014, at Heart Health Center of N Texas, ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2014-09-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-08-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Secondary

Start Date : 1993-11-01

Relationship to Insured : Self

Type : N/A

Payer : Superior Health Plan Texas (39188)

Priority : Secondary

Start Date : 2015-08-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 454949842M

Group Number :

Employer Name : Laura Smith

Copay :

Insured ID Number : 500000044157

Group Number :

Employer Name : Laura Smith

Copay :

Insured ID Number : 506991339

Group Number :

Employer Name : Laura Smith

Copay :

Insured ID Number : 506991339

Group Number :

Employer Name : Laura Smith

Immunizations:

Laura Smith: Chief Complaint
Patient Record Number:5779

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

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, edema of lower extremities, congestive heart failure, chronic pain, post phlebotic syndrome, anxiety, osteoarthritis, asthma, weakness, gastroesophageal reflux disease, iron anemia, hyperlipidemia, coronary artery disease, morbid obesity, and allergic rhinitis. Patient continues to complain of severe lower extremity pain.

History of Present illness:

HPI Status:Finalized

An 66-year-old AA female in NAD with multiple chronic conditions of hypertension, edema of lower extremities, congestive heart failure, and chronic pain. Patient continue to have pain in both feet and lower extremity. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-15	201	88	229.00	59.00	97.40	20.00	Patient had not taken her HTN meds	0.0	0.00

Review of Systems:

Constitutional:

General Health/Endocrine/Metabolic:

No Change in Weight
No Change in Appetite
No Change in Energy
No Change in Sleep
No Change in Bowel
No Change in Urine
No Change in Menstruation
No Change in Edema
Edema YES
No History Murmur
No Arrhythmia
Heart Problem YES

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

EXTRINSIC:

EXTRINSIC: Within Normal Limits .

CV:

CV: Within Normal Limits .

Cardiot Pulsations, Pedal Pulses-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Furosemide .80 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-16	

Plan Note:

Plan Note Status:Finalized

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

1. Osteoarthritis with chronic pain, continue current plan.
2. Chronic obstructive pulmonary disease/asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Coronary artery disease, continue current plan.
6. Vitamin D deficiency, continue current plan.
7. Congestive heart failure with systolic complications, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Intellectual disabilities, continue to monitor.

Medication refills as follows: Norco 7.5/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2015-10-07	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-07	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-07	
Ataxic gait (ICD10:R26.0 Ataxic gait) Unknown or N/A	Active	2015-10-07	
Simple chronic bronchitis (ICD10:J41.0 Simple chronic bronchitis) Unknown or N/A	Active	2015-10-07	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Gastroesophageal reflux disease (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	

Weakness (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2015-10-01
Asthma (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Intellectual disabilities (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A	Active	2015-10-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01
Vitamin d deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2015-10-01
Coronary artery disease (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Postphlebotic syndrome without complications (ICD10:I87.009 Postthrombotic syndrome without complications of unspecified extremity) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) 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
Malignant essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, multiple sites (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2015-10-01
Other venous embolism and thrombosis of unspecified site (ICD10:I82.91 Chronic embolism and thrombosis of unspecified vein) 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
Malignant neoplasm of male genital organ, site unspecified (ICD10:C63.9 Malignant neoplasm of male genital organ, unspecified) Unknown or N/A	Active	2015-10-01
Edema (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No know drug allergies Unknown or N/A	Active		

Surgeries:

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

hospitalized in 2015 in Baylor for overloaded fluid
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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Eminent Home Healthcare LLC

Primary Justification Medical Conditions: Anemia,Heart_Disease,Heart_Failure,HTN,hyperlipidemia

Additional Medical Conditions:

Nursing Required: YES

Physical Therapy: YES

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to debility, chronic pain, and inability to self medicate correctly.

Certification Statement: Patient is home bound due to debility and chronic pain. Patient is weak with poor balance and has an increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-06-15 05:24

Signed By (Physician): 18

Signed on (Physician): 2016-06-21 05:24

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Blood Pressure Monitor Unknown or N/A	Active		
Sphyg, Digital Automatic Cuff/ADC Unknown or N/A	Active		

Procedure Order:

Patient ID	5779	Order ID	631
Patient Name	Smith, Laura	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-06-21**.

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