

Herman Stewardjr: Patient Information
Patient Record Number:5695

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: Herman F Stewardjr
External ID: 5695
DOB: 1979-02-16
Sex: Male
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5eXNGZXBCOE5taVU>

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

Family History:

Last Recorded On: 11-20-2016.
Father: Father had HTN..
Mother: Mother had unknown cancer..

Primary Family Med Conditions:

Last Recorded On: 11-20-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 11-20-2016.
Tobacco: Current every day smoker Smoke 1 ppd. **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug use. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 11-20-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 502129959
Group Number :
Employer Name : Herman Stewardjr

Immunizations:

Herman Stewardjr: Chief Complaint
Patient Record Number:5695

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Seen by Sumana Ketha MD
Seen on 14-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, insomnia, mood disorder, diabetes mellitus 2, anxiety, schizophrenia. Patient complains of not sleeping.

History of Present illness:

HPI Status:Finalized

A 37-year-old AA male in NAD with multiple chronic conditions of the following schizophrenia, mood disorder, hypertension with vascular complications, insomnia, anxiety and diabetes mellitus 2 with neuropathy. Patient states he has not been staying asleep at night. Patient denies any other issues or complains upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-14	142	90	266.00	66.00	98.20	16.00	~	42.9	0.00

Review of Systems:

Constitutional:

Psychological and Neurological:

No ~~SECRET~~ Existn

No ~~Exemption~~ Of Death

Non-Conflicting Interests

No ~~Excessive~~ Range Of Motion

No Change In Appetite Of Urine

No Sparged Bioventilation

No Bleeding Gums

No Objections

No Use Of Dentures

Physical Exam:

ENGINEERING

Overall Health Status - Within Normal Limits.

EXTREMITIES:

Subsequent to the completion of the 2015-2016 season, the following limits will apply:

CV:

REF: Within Nominal Limits Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

Insomnia continue current plan

HTN w/vascular complications continue current plan

Anxiety continue current plan
DM2 w/neuropathy continue current plan
Mood Disorder continue current plan
Schizophrenia continue current plan

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified mood [affective] disorder (ICD10:F39 Unspecified mood [affective] disorder) Unknown or N/A	Active	2016-09-09	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-24	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-06-24	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-05-20	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, 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	
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active		
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active		
Mood disorder (ICD9:296.90 Unspecified episodic mood disorder) Unknown or N/A	Active		

Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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:
Primary Justification Medical Conditions: HTN,Schizophrenia
Additional Medical Conditions: Insomnia, Anxiety
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: Patient is homebound due to mental illness and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to mental illness and then ability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-10-14 03:19

Signed By (Physician): 18

Signed on (Physician): 2016-10-21 03:19

Form_status: finalized

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