

Marilyn Bell: Patient Information
Patient Record Number:6146

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: Marilyn Bell
External ID: 6146
DOB: 1957-12-09
Sex: Female

Address: 4110 Marshall Drive
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Emergency Contact: 214-772-0225
Mobile Phone: 214-791-5157
Street Address: 4110 Marshall Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-11-2016.
Risk Factors: Chronic Pain,Thyroid Disease (Low or High).

Family History:

Last Recorded On: 08-11-2016.
Father: Hypertension..
Mother: Hypertension and diabetes..

Social History:

Last Recorded On: 08-11-2016.
Tobacco: No smoking. **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Work Status: Disabled.
Other History: Influenza November 2015..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 508370593
Group Number :
Employer Name : Marilyn Bell

Immunizations:

Marilyn Bell: Chief Complaint
Patient Record Number:6146

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Seen by Sumana Ketha MD
Seen on 28-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of chronic conditions of chronic, asthma, diabetes 2, hypertension, hypothyroidism, congestive heart failure, heart disease, and chronic pain. Patient complaints of pain in her knees and legs.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old AA female with known history of congestive heart failure, heart disease, chronic pain, hypothyroidism, hypertension, chronic obstructive pulmonary disease and asthma. Patient complain of pain in her knees and legs. Patient rates pain 7/10 today. Patient denies any other issues upon examination. Patient denies any CO, HA, or N/V. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-28	189	101	460.00	69.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No Weight Loss YES

No Polydipsia YES

No Polyuria YES

No Polyphagia YES

No Nocturia YES

No Decreased Appetite YES

No Fatigue YES

No Anorexia YES

No Diarrhea YES

No Constipation YES

No Nausea YES

No Vomiting YES

No Abdominal Pain YES

No Hematochezia YES

No Hematemesis YES

No Melena YES

No Steatorrhea YES

No Diarrhea YES

No Constipation YES

No Nausea YES

No Vomiting YES

No Abdominal Pain YES

No Hematochezia YES

No Hematemesis YES

No Melena YES

No Steatorrhea YES

No Diarrhea YES

No Constipation YES

No Nausea YES

No Vomiting YES

No Abdominal Pain YES

No Hematochezia YES

No Hematemesis YES

No Melena YES

No Steatorrhea YES

No Diarrhea YES

No Constipation YES

No Nausea YES

No Vomiting YES

No Abdominal Pain YES

No Hematochezia YES

No Hematemesis YES

Physical Exam:

HEENT:

HEENT-Within Normal Limits .

CV:

CV-Within Normal Limits .

CV:

CV-Within Normal Limits .

Murmur, Rubs,Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-15	
Cephalexin ,500 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY UNTIL GONE, Quantity: 21, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15	

Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 1 TO 2 TEASPOONSFUL EVERY 6 HOURS AS NEEDED, Quantity: 240, Refill Quantity: 1	Active	2016-06-15
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 0	Active	2016-05-16
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Zolpidem Tartrate ,5 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED FOR INSOMNIA, Quantity: 30, Refill Quantity: 1	Active	2016-05-16
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Metoprolol Tartrate ,100 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0	Active	2016-05-04
Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC		
Polyethylene Glycol 3350 , POWD, MIX 1 CAPFUL IN 8 OUNCES OF WATER AND DRINK AT BEDTIME AS NEEDED FOR CONSTIPATION, Quantity: 527, Refill Quantity: 0	Active	2016-05-04
Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC		
Qvar ,40 MCG/ACT AERS, INHALE ONE PUFF BY MOUTH DAILY, Quantity: 1, Refill Quantity: 0	Active	2016-05-04
Unknown or N/A by Jones, Derrick - MJ3217331 DFW Primary Care PLLC		
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 3	Active	2016-05-02
Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
Chantix ,1 MG TABS, half a tab on day 1-3 half a tab twice a day on days 4-7 one tab day 8 for 11 weeks, Quantity: 85, Refill Quantity: 0	Active	2016-05-02
Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
MiraLax , PACK, MIX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY, Quantity: 30, Refill Quantity: 3	Active	2016-05-02
Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
Nystatin ,100000 UNIT/GM CREA, APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S), Quantity: 30, Refill Quantity: 3	Active	2016-05-02
Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
Qvar ,40 MCG/ACT AERS, Inhale 1 puff daily, Quantity: 8.7, Refill Quantity: 3	Active	2016-05-02
Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
Metoprolol Tartrate ,100 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3	Active	2016-05-02
Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
Nitroglycerin ,0.4 MG/HR PT24, APPLY PATCH FOR 12 TO 14 HOURS DAILY, THEN REMOVE, Quantity: 90, Refill Quantity: 0	Active	2016-04-13
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue medications.
2. Diabetes mellitus 2 with neuropathy, monitor HbA1c.
3. Hypertension with vascular complications, continue blood pressure medications.
4. Chronic pain syndrome, on pain medications.
5. Anxiety, continue medications.
6. Gastroesophageal reflux disease, well controlled with medications.
7. Insomnia, stable on medications.
8. Coronary artery diseases, stable.
9. Chronic obstructive pulmonary disease, on nebulizers.
10. Hypothyroidism, monitor TSH.
11. Medication refills as follows; Norco 10/325 mg t.i.d., Xanax 0.25 mg q.d., Ambien 5 mg q.h.s.
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
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-28	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-28	
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	2016-07-28	
Severe persistent asthma, uncomplicated (ICD10:J45.50 Severe persistent asthma, uncomplicated) Unknown or N/A	Active	2016-06-18	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-15	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-06-15	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-06-15	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-06-15	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-15	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-31	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.1 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-05-12	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-04-19	
Chronic combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-04-19	

Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-04-19
Gastro-esophageal reflux disease with esophagitis (ICD10:K21.0 Gastro-esophageal reflux disease with esophagitis) Unknown or N/A	Active	2016-04-19
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-12
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-04-12
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-04-12

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: Calvary Healthcare Inc

Primary Justification Medical Conditions: Hypothyroidism,Asthma,COPD,diabetes,Heart_Failure,HTN,Heart_Disease

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 Chronic obstructive pulmonary disease and chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to COPD and chronic pain. Patient is weak with poor balance and experience shortness of breath with ambulation causing patient to be at increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-28 07:38

Signed By (Physician): 18

Signed on (Physician): 2016-08-02 07:38

Form_status: finalized

Procedure Order:

Patient ID	6146	Order ID	779
Patient Name	Bell, Marilyn	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-18		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-08-05**.

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