

Isaac Zurita: Patient Information
Patient Record Number:5560

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: Isaac Zurita
External ID: 5560
DOB: 1976-11-08
Sex: Male
Marital Status: Single

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216-4555
Country: USA
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 10-09-2016.
Risk Factors: Seizures.

Family History:

Last Recorded On: 10-09-2016.
Father: Father is alive and healthy..
Mother: Mother is alive and healthy..
Siblings: Patient has two brothers healthy and one sister died..
Offspring: Patient has no children and is single..
Other Family Relative: Grandfather has diabetes mellitus type 2..

Primary Family Med Conditions:

Last Recorded On: 10-09-2016.
Chronic Conditions: Diabetes.

Social History:

Last Recorded On: 10-09-2016.
Tobacco: Light tobacco smoker Smokes tobacco. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 10-09-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2014-08-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2015-10-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 632769847
Group Number :
Employer Name : Isaac Zurita
Copay :
Insured ID Number : 632769847
Group Number :
Employer Name : Isaac Zurita

Immunizations:

Isaac Zurita: Chief Complaint
Patient Record Number:5560

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Seen by Sumana Ketha MD
Seen on 26-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of schizophrenia, hypertension, diabetes mellitus type 2, epilepsy, anxiety, insomnia, and obesity. Patient continues to complain of trouble sleeping.

History of Present illness:

HPI Status:Finalized

An 39-year-old Hispanic male in NAD with multiple chronic conditions including hypertension, diabetes mellitus type 2, insomnia, and anxiety. Patient complains that he is not sleeping at night. Patient denies any other issues upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-26	129	85	235.00	68.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

Do you have a question? ☒ Yes ☐ No

No BIDDING TO BE DONE

No ~~Excessive~~ Feeding

~~MSD 2014-2015~~

National Highway Traffic Safety Administration

No Change in Biopetisants

No Blending Content

Non-Optimistic YES

No Else or Defaults

Physical Exam:

SECRET

[illegible]

EXTREMITIES:

Subsequent to the completion of the 2005-2006 season, the following limits:

CV:

RR-Within Nominal 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. 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 and certain food restrictions. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Education material was given to the patient. Reviewed labs.

1. HTN w/vascular complications continue current plan.

2. Epilepsy, continue current plan.
3. Anxiety continue current plan.
4. Insomnia continue current plan.
5. Schizophrenia, continue current plan.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified schizophrenia, chronic (ICD10:F20.9 Schizophrenia, 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	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) 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	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	

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: diabetes,Epilepsy,HTN,Schizophrenia

Additional Medical Conditions: Insomnia, Anxiety, Obesity

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: SN needed due to mental illness and inability to self medicate currently.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-08-26 08:09
Signed By (Physician): 18
Signed on (Physician): 2016-09-02 08:09
Form_status: finalized

Procedure Order:

Patient ID	5560	Order ID	896
Patient Name	Zurita, Isaac	Ordered By	Love-Jones, Derrick
Order Date	2016-10-09	Print Date	2016-10-09
Order Status	complete	Encounter Date	2016-10-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-09-02**.

Printed on 09-Oct-2016 22:02:30 pm.