

Tiffany Wright: Patient Information
Patient Record Number:5861

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: Tiffany Wright

External ID: 5861

DOB: 1982-03-30

Sex: Female

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?srtp=0#folders/0B1v8FHBd_SfCbU4wMEIzNFJLWnM

Address: 2982 Spruce Valley Ln

City: Dallas

State: Texas

Postal Code: 75233

Country: USA

Home Phone: 214-861-0644

Street Address: 2982 Spruce Valley Ln

Apt/Suite/Other: 267

Family History:

Last Recorded On: 10-06-2016.

Father: Father is alive with multiple personality disorder, CAD, and AIDS..

Mother: Mother is alive with HTN, DM2, bipolar, and obesity..

Siblings: Sister is alive with asthma and obesity..

Offspring: Patient has 3 children. 2 boys, one with asthma, and ADHD and a girl with ADHD. Patient is separated and single..

Other Family Relative: Family history of lung, breast and ovarian cancer.

Primary Family Med Conditions:

Last Recorded On: 10-06-2016.

Risk Factors: HIV / AIDS.

Chronic Conditions: Asthma,Diabetes,Hypertension.

Mental Conditions: Bipolar Disorder.

Social History:

Last Recorded On: 10-06-2016.

Tobacco: Current every day smoker smokes 1 cigar per day **Status:** Current

Alcohol: social drinker **Status:** Current

Recreational Drugs: No drug abuse. **Status:** Current

Developmental History: Education level is 11th grade..

Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 10-06-2016.

Mammogram (>40yrs, Yearly) Abnormal Done on 05/20/2015, at Las Colinas Medical Center, ordered by Dr. Sumana Ketha.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-03-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 520010117
Group Number :
Employer Name : Tiffany Wright

Immunizations:

Tiffany Wright: Chief Complaint
Patient Record Number:5861

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Seen by Sumana Ketha MD
Seen on 05-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of bipolar, depression, anxiety, asthma, hypertension, schizophrenia, osteoarthritis, and chronic pain syndrome. Patient complains of pain in both knees and gastroesophageal reflux disease.

History of Present illness:

HPI Status:Finalized

Patient is a 34-year-old African American female in NAD with multiple chronic conditions of bipolar, depression, anxiety, asthma, hypertension, osteoarthritis, and chronic pain. Patient states both of her knees hurt from arthritis and that she is always hurting. Patient also states that her acid reflux has been bother her more then usual over the last 2-3 weeks. Patient rates pain at 7/10. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-05	193	107	360.00	66.00	97.60	20.00	~	58.1	0.00

Review of Systems:

Constitutional:

Epithelial-mesenchymal transition:

NOT RECORDED YES

Neophytanthus

Neuroendocrine Eating

Next ~~to~~ ~~the~~ ~~FILE~~ ~~NAME~~ ~~of~~ ~~the~~ ~~document~~ ~~is~~ ~~the~~ ~~range~~ ~~of~~ ~~the~~ ~~motion~~

Not Being Overthought

No Change in Impacts

No Blending Content

No Obstruction

No Use Of Dentures

Physical Exam:

SECRET

ENVIRONMENTAL MONITORING AND ASSESSMENT 2014, **187**: 119–130 | **DOI 10.1007/s10661-014-3610-0** | **© Springer Science+Business Media Dordrecht 2014**

EXTREMITIES:

STANDARD AND CONFORMITY TO THE APPLICABLE STANDARDS

CV:

RE: Within Nominal Limits

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Hydrochlorothiazide , 12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY IN THE MORNING, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-07-07	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain. Continue medications.
2. Gastroesophageal reflux disease, controlled with medications.
3. Hypertension with vascular complications. Educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Anxiety, continue current treatment plan.
5. Asthma, on nebulizers.
6. Bipolar, continue medications.
7. Depression, stable.
8. Schizophrenia, currently on medications.
9. Chronic pain syndrome, on pain medications.
10. Medication refills as follows: HCTZ 12.5 mg q.d., amlodipine 10 mg q.d.
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
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-05	
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	2016-07-05	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	

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: Texas Premier Home Health Care

Primary Justification Medical Conditions: Asthma,bipolar,Depression,HTN

Additional Medical Conditions: Anxiety, chronic pain.

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 osteoarthritis and chronic pain. Patient has unsteady painful ambulation with extremely poor balance and weakness.

Signed by (NP): 16

Signed On (NP): 2016-07-05 07:50

Signed By (Physician): 18

Signed on (Physician): 2016-07-11 07:51

Form_status: finalized

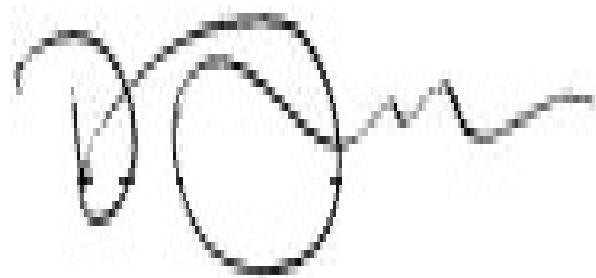
Procedure Order:

Patient ID	5861	Order ID	685
Patient Name	Wright, Tiffany	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	97%	97% to 100%		

Patient ID	5861	Order ID	686
Patient Name	Wright, Tiffany	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
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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	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-11**.

Printed on 06-Oct-2016 17:40:12 pm.