

Laquita Simpson: Patient Information
Patient Record Number:3468

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Laquita Simpson

External ID: 3468

DOB: 1956-03-07

Sex: Female

Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B2b-ca76_GQoeld2U0l5alAwaVU

Address: 4722 Meadow Street, Apt #1803

City: Dallas

State: Texas

Postal Code: 75215

Country: USA

Home Phone: 214-628-2025

Mobile Phone: 214-418-1844

Street Address: 4722 Meadow Street

Apt/Suite/Other: 1803

Past Medical History:

Last Recorded On: 10-23-2016.

Additional Medical History: morbid obesity and gait abnormality..

Family History:

Last Recorded On: 10-23-2016.

Father: Father with hypertension..

Mother: Mother with hypertension and hyperlipidemia..

Offspring: One boy..

Primary Family Med Conditions:

Last Recorded On: 10-23-2016.

Chronic Conditions: Hyperlipidemia,Hypertension.

Social History:

Last Recorded On: 10-23-2016.

Tobacco: Former smoker Stop smoking in 1993 **Status:** Quit

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Developmental History: Education level GED..

Tests and Exams:

Last Recorded On: 10-23-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 11/07/2013, at MetroStat Diagnostic

Services,ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

Urine Culture (prn) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Superior Health Plan Texas (39188)

Copay :

Insured ID Number : 519313430

Group Number :

Employer Name : Laquita Simpson

Immunizations:

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Followup home visit for management of hypertension, anxiety, chronic pain, osteoarthritis, bipolar, morbid obesity, abnormality of gait, chronic obstructive pulmonary disease, and muscle weakness. Patient complains of decreased appetite and not sleeping well.

A 60-year-old female in NAD with multiple chronic conditions of hypertension, anxiety, chronic pain, and osteoarthritis. Patient complains of decreased appetite and not sleeping well from 4-5 nights. Patient complains of knee pain but pain medication helps. Patient denies any CP, HA, or N/V recently

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	130	74	400.00	66.00	98.20	18.00	~	64.6	0.00

Description	Status	Start Date	End Date
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Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 4 TIMES DAILY WITH MEALS, Quantity: 120, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-07
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-05
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Meloxicam ,7.5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Meloxicam ,7.5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-02

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. 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 180. 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. Discussed the treatment plan with the patient. Prognosis is fair and stable. Review old records of patient and summarize.

1. Hypertension, patient is instructed to continue current blood pressure medications.
2. Anxiety, stable with medications.
3. Chronic pain, controlled with current pain medications.
4. Osteoarthritis, patient need to have x-rays.
5. Bipolar, continue same treatment plan.
6. Medication adherence was given to the patient and no refills needed in this visit.
7. Patient was instructed to go to emergency room for any life threatening emergency.
8. Follow up appointment in 4-6 weeks.

Refilled Depakote 250 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Other chronic pain (ICD10:G89.29 Other chronic pain) 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	

Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01
Other malaise and fatigue (ICD10:R53.81 Other malaise) (ICD10:R53.83 Other fatigue) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) 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

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: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No skilled nursing needed at this time.

Certification Statement:

Signed by (NP): 302

Signed On (NP): 2016-07-27 05:13

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 05:13

Form_status: finalized



Electronically Signed by **Sumana Ketha, MD** on **2016-08-03**.

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