Shaverisha Hayes: Patient Information

Patient Record Number:5873

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: Shaverisha S Hayes

External ID: 5873 **DOB**: 1988-06-17 Sex: Female Marital Status: Single

Address: 3006 Mesa View Dr

City: Dallas State: Texas Postal Code: 75241 Country: USA

Emergency Contact: 469-348-1541 Home Phone: 469-765-2298 Street Address: 3006 Mesa View Dr

Apt/Suite/Other: House

Family History:

Last Recorded On: 12-30-2016.

Father: Father is alive with complaint of schizophrenia. .

Mother: Mother is alive .. Siblings: None.. Offspring: None..

Social History:

Last Recorded On: 12-30-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Developmental History: Education level is 12th grade + 1-2 years...

Tests and Exams:

Last Recorded On: 12-30-2016.

Mammogram (>40yrs, Yearly) N/A Done in 2016.

PAP Smear N/A Done in 2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2012-10-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 509264060

Group Number:

Employer Name: Shaverisha Hayes

Immunizations:			

Shaverisha Hayes: Chief Complaint

Patient Record Number:5873

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Seen by Sumana Ketha MD Seen on 12-October-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of depression, lumbago, asthma, gastroesophageal reflux disease, schizophrenia, anxiety and chronic pain syndrome. Patient complains of chronic back pain and stomach pain after eating.

History of Present illness:

HPI Status:Finalized

A 28-year-old African-American female in NAD with multiple chronic conditions of the following depression, lumbago, asthma, gastroesophageal reflux disease, schizophrenia, anxiety and chronic pain syndrome. Patient states that she has chronic lower back pain and states that her stomach has been hurting after she eats. Patient rates her pain today at 6/10 and states she gets relief with current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-12	109	82	166.00	63.00	97.60	16.00	~	29.4	0.00

Review of Systems:

Constitutional:

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Sur Plant State Composition Psych Diagnosis YES

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No Constipation

Physical Exam:

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BEBRO:

Bhainta Environte Nasal Turbinate Within Normal Limits .

ESYCH:

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RESP:

Aboling ச**்சி A Savie Articolius e Strioom வ Opin portico**priately-Within Normal Limits .

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan his previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient was encouraged to exercise daily as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in

4-6 weeks

- 1. Gastroesophageal reflux disease, continue current plan.
- 2. Lumbago with sciatica continue current plan.
- 3. Chronic Pain Syndrome continue current pain medication
- 4. Anxiety continue current plan.
- 5. Schizophrenia, continue current plan.
- 6. Depression, continue current plan.
- 7. Asthma continue current plan

Medication refills as follows:

Zoloft 5 mg q.d. Pro-Air INH Norco 10/325 mg t.i.d. Pantrazole 40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-10-12	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-09-06	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-09-06	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-09-06	

Allergies:

Description	n Status	Start Date	End Date	
Apple Juice	Active			
Unknown or N/A	Touve			

Surgeries:

Description	Status	Start Date	End Date
Cyst on chest and eye were removed at young age. Unknown or N/A	Active		
Motor vehicle accident in 2015. Unknown or N/A	Active		
Hospitalized for sprained knee in 2016. 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: $\ensuremath{\mathsf{NO}}$

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia, Rheumatoid Arthritis_Osteoarthr, Asthma, Depression

Additional Medical Conditions: Lumbago, Anxiety, GERD, Chronic Pain Syndrome

Nursing Required: YES Physical Therapy:

Occupational Therapy Required: Speech-language Pathology Required: Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental health illness.

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

Signed by (NP): 16

Signed On (NP): 2016-10-12 04:08

Signed By (Physician): 18

Signed on (Physician): 2016-10-19 04:08

Form_status: finalized

Procedure Order:

Patient ID	5873	Order ID	1108
Patient Name	Hayes, Shaverisha S	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure Report Reported	Report			Results								
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note	
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%			



Electronically Signed by Sumana Ketha, MD on 2016-10-19.

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