

Ashley Williams: Patient Information
Patient Record Number:6294

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: Ashley N Williams
External ID: 6294
DOB: 1990-04-26
Sex: Female
Marital Status: Divorced

Address: 3006 Mesa View Dr
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Guardian's Name: Jakson Dennis
Emergency Contact: 469-348-1541
Street Address: 3006 Mesa View Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-12-2016.
Father: Father died, complaints of sleep apnea, hypertension, and diabetes mellitus 2. .
Mother: Mother is alive..
Siblings: Three brothers and three sisters..
Offspring: None..

Social History:

Last Recorded On: 10-12-2016.
Tobacco: Smokes 1 pack per day. **Status:** Current
Alcohol: Drinks 12 pack weekly. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Educational level is 12th grade..
Other History: No immunizations..

Insurance:

Humana (61101)

Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : H7406018800
Group Number :
Employer Name : Ashley Williams

Immunizations:

Ashley Williams: Chief Complaint
Patient Record Number:6294

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Seen by Sumana Ketha MD
Seen on 06-September-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions of schizophrenia, insomnia, epilepsy, and major depression. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status:Finalized

A 26-year-old Caucasian female in NAD with multiple chronic conditions of the following: schizophrenia, insomnia, epilepsy, and major depression. Patient states that she has not been able to sleep well at night because of waking up in the middle of the night and not able to fall back to sleep. Patient admits to a tubal ligation in 2012 and reports allergies to penicillin. Patient denies any food allergies at this time. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Family History:

Social History:

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-09-06 | 113 | 87 | 185.00 | 66.00 | 98.20 | 18.00 | ~ | 29.9 | 0.00 |

Review of Systems:

Constitutional:

No Unintentional Weight Loss
No Excessive Thirst
No Excessive Hunger
No Excessive Fatigue
No Excessive Sweating
No Change in Appetite
No Diarrhea
No Constipation

Physical Exam:

HEENT:

Examination of the head, eyes, ears, nose, and throat. Within Normal Limits.

HEENT:

Examination of the head, eyes, ears, nose, and throat. Within Normal Limits.

PSYCH:

Examination of the patient's mental status. Alert and Oriented X3-Within Normal Limits.

RESP:

Examination of the respiratory system. 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. Full set of labs of the following ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. 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.

1. Pharyngitis, continue to monitor.
2. Insomnia, continue current plan.
3. Epilepsy, continue current plan.
4. Major depression, continue current plan.
5. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Acute pharyngitis, unspecified (ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A | Active | 2016-09-06 | |
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2016-09-06 | |
| Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A | Active | 2016-09-06 | |
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2016-09-06 | |

Allergies:

| Description | Status | Start Date | End Date |
|-------------------------------|--------|------------|----------|
| Penicillin. Unknown or N/A | Active | | |

Surgeries:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Tubal ligation in 2012. Unknown or N/A | Active | | |
| Hospitalized for snake bite. 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: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia,Epilepsy

Additional Medical Conditions: Major Depression and Insomnia

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 illness.

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

Signed by (NP): 16

Signed On (NP): 2016-09-06 05:16

Signed By (Physician): 18

Signed on (Physician): 2016-09-13 05:16
Form_status: finalized
Printed:

Procedure Order:

| | | | |
|--------------|--------------------|----------------|---------------------|
| Patient ID | 6294 | Order ID | 984 |
| Patient Name | Williams, Ashley N | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-10-12 | Print Date | 2016-10-12 |
| Order Status | pending | Encounter Date | 2016-10-12 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|-------------------|----------|----------|--------|------|---------|------|-----|-------|-------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 007: CBC | | | | | | | | | | | |
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Electronically Signed by **Sumana Ketha, MD** on **2016-09-06**.
Printed on 12-Oct-2016 12:03:36 pm.