

David Henderson: Patient Information
Patient Record Number:6192

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: David Henderson
External ID: 6192
DOB: 1959-09-28
Sex: Male

Address: 1211 Morell Rd
City: Dallas
State: Texas
Postal Code: 75203
Country: USA
Mobile Phone: 469-321-4673
Street Address: 1211 Morell Rd
Apt/Suite/Other: House

Family History:

Last Recorded On: 09-06-2016.
Father: Unknown. .
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 09-06-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 510601943
Group Number :
Employer Name : David Henderson

Immunizations:

David Henderson: Chief Complaint
Patient Record Number:6192

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Seen by Sumana Ketha MD
Seen on 13-July-2016

Chief Complaint Status:finalized

Return home visit for management of lumbago, chronic knee pain, hypertension, hyperlipidemia, and mental illness.

History of Present illness:

HPI Status:Finalized

Patient is a 56-year-old male in NAD with multiple chronic conditions of lumbago, chronic knee pain, hypertension, hyperlipidemia, and mental illness. Patient denies any new issues upon examination and denied chest pain, headaches or nausea/vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|-----|-----------|
| 2016-07-13 | 146 | 92 | 250.00 | 69.00 | 98.20 | 18.00 | ~ | 0.0 | 0.00 |

Review of Systems:

Constitutional:

Other symptoms:
No Chest Pain
No Dyspnea
No Orthopnea
No Nocturnal Breath
No Hemoptysis
No Photophobia

Physical Exam:

GENRO:

Notes to Notes to Consolidated Financial Statements: Internal Controls.

DEUTSCH:

Strongly Hypertrophic Turbinates Discharge A Maxillary Lesion X3 Within Normal Limits Nasal Turbinates-Within Normal Limits .

ENT:

Basic Normal Limits .

NECK:

Supple,Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

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

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Amitriptyline HCl ,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 3 | | | |
| Unknown or N/A | Active | 2016-05-23 | |
| by ketha, Dr sumana - BK6230281 | | | |
| DFW Primary Care PLLC | | | |

| | | |
|---|--------|------------|
| AmLODIPine Besylate ,10 MG TABS, Take 1 tablet daily at bed time, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC | Active | 2016-05-23 |
| Lisinopril ,20 MG TABS, Take 1 tablet daily at bedtime, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC | Active | 2016-05-23 |

Plan Note:

Plan Note Status:Finalized

Continue current treatment plan, medication adherence. Prognosis is fair. Medication refills are: Amitriptyline 50 mg one tab daily at hs. Q-pap 500 mg one tab b.i.d. p.m, Walgreens on morel avenue. 214-371-1891

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2016-07-13 | |
| Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A | Active | 2016-07-13 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2016-07-13 | |
| Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A | Active | 2016-07-13 | |
| Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A | Active | 2016-07-13 | |

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

Primary Justification Medical Conditions: hyperlipidemia,HTN,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to multiple complex diseases and patient lack of knowledge on how to manage the disease process and medications.

Certification Statement: Patient is home bound due to mentall illness and unsafe to leave home alone due to his change in mental status.

Signed by (NP): 302

Form_status: finalized

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