

Herman Stewardjr: Patient Information
Patient Record Number:5695

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: Herman F Stewardjr
External ID: 5695
DOB: 1979-02-16
Sex: Male
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5eXNGZXBCOE5taVU>

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 08-12-2016.
Father: Father had HTN..
Mother: Mother had unknown cancer..

Primary Family Med Conditions:

Last Recorded On: 08-12-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 08-12-2016.
Tobacco: Current every day smoker Smoke 1 ppd. **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug use. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 08-12-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 502129959
Group Number :
Employer Name : Herman Stewardjr

Immunizations:

Herman Steward Jr: Chief Complaint
Patient Record Number:5695

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Seen by Sumana Ketha MD
Seen on 29-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, insomnia, mood disorder, diabetes mellitus 2, anxiety, schizophrenia.
Patient complains of not sleeping through the night.

History of Present illness:

HPI Status:Finalized

A 37-year-old AA male in NAD with multiple chronic conditions of the following schizophrenia, mood disorder, hypertension with vascular complications, insomnia, anxiety and diabetes mellitus 2 with neuropathy. Patient states he has not been staying asleep through the night. Patient denies any other issues or complains upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-29	118	78	220.00	66.00	97.60	20.00	~	35.5	0.00

Review of Systems:

Constitutional:

General Appearance:

No Unintentional Weight Loss
No Fever
No Night Sweats
No Change In Appetite
No Change In Energy
No Change In Sleep
No Change In Bowel Habits
No Change In Urine
No Change In Range Of Motion
No Change In Mental Status
No Anemia
No Bleeding Gums
No Bleeding
No Use Of Dentures

Physical Exam:

HEENT:

Head: Within Normal Limits .
Eyes: Within Normal Limits .
Ears: Within Normal Limits .
Nose: Within Normal Limits .
Throat: Within Normal Limits .

RESPIRATORY:

Respiratory: Within Normal Limits .

CV:

Cardiovascular: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Insomnia, continue medications.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Anxiety, monitor.
4. Diabetes mellitus 2 with neuropathy, well controlled.
5. Mood disorder, well controlled with medications.
6. Schizophrenia, continue on medications.
7. No medication refills needed this visit.
8. Medication adherence was given to the patient. Continue treatment as planned.
9. 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.
10. Reviewed old records of the patient.
11. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-24	
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	2016-06-24	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-05-20	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) 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	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active		
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active		
Mood disorder (ICD9:296.90 Unspecified episodic mood disorder) 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:

Primary Justification Medical Conditions: HTN,Schizophrenia

Additional Medical Conditions: Insomnia, Anxiety

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: Patient is homebound due to mental illness and the inability to self medicate correctly.

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

Signed by (NP): 16

Signed On (NP): 2016-07-29 04:30

Signed By (Physician): 18

Signed on (Physician): 2016-08-03 04:30

Form_status: finalized



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

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