

Alice Williams: Patient Information
Patient Record Number:2401

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: Alice Williams
External ID: 2401
DOB: 1946-01-20
Sex: Female
S.S.: 459-74-0071
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5UmV4bGJsd3JvQkk>

Address: 3409 Spring Ave
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Emergency Contact: Barbara
Emergency Phone: 214-586-4860
Home Phone: 214-382-7560
Mobile Phone: 214-382-7560
Street Address: 3409 Spring Ave
Apt/Suite/Other: 101

Past Medical History:

Last Recorded On: 12-07-2016.
Risk Factors: GERD.

Family History:

Last Recorded On: 12-07-2016.
Father: Unknown..
Mother: Stomach cancer..
Siblings: Sister had questionable cancer..
Offspring: Patient has 6 children. Son had colon cancer..

Primary Family Med Conditions:

Last Recorded On: 12-07-2016.
Risk Factors: None.

Social History:

Last Recorded On: 12-07-2016.
Tobacco: Former smoker No smoking **Status:** Quit
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 7th grade..
Other History: Declined flu shot Eye exam 2011 .

Tests and Exams:

Last Recorded On: 12-07-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Normal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

Mammogram (>40yrs, Yearly) N/A Done in 2012.

Sigmoid/Colonoscopy N/A Done in 2012.

Insurance:

XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2014-08-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2015-08-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-12-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2016-01-01

Relationship to Insured : Self

Type : N/A

Payer : United Health Care (87726)

Priority : Secondary

Start Date : 2013-12-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 100593241

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 100593241

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 459740071A

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 100593241

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 946067638

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 507417894

Group Number :

Employer Name : Alice Williams

Immunizations:

Medication:

Description	Status	Start Date	End Date
Atorvastatin Calcium ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-19	
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19	
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-04-15	
Lisinopril ,10 MG TABS, 1 TAB PO BID, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-04-15	
ProAir HFA ,108 (90 Base) MCG/ACT AERS, 2 puffs 4 times a day, Quantity: 17, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-04-15	
Furosemide ,40 MG TABS, TAKE 3 TABLETS TWICE DAILY, Quantity: 180, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10	
Ranitidine HCl ,150 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10	
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 28, Refill Quantity: 6 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 as previous. 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 so, 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 encouraged exercise daily as tolerated. No labs needed this visit. The 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. Congestive heart failure with systolic complications, continue current plan.
2. Neuropathy, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Chronic obstructive pulmonary disease/asthma, continue current plan.
6. Morbid obesity, continue to monitor.
7. Gastroesophageal reflux disease, continue current plan.
8. Chronic pain syndrome, continue current pain medication.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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	
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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Open wound of buttock, without mention of complication (ICD10:S31.809A Unspecified open wound of unspecified buttock, initial encounter) Unknown or N/A	Active	2015-10-01	
Benign hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2015-10-01	
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01	
Iron deficiency anemia secondary to inadequate dietary iron intake (ICD10:D50.8 Other iron deficiency anemias) Unknown or N/A	Active	2015-10-01	
Body Mass Index 50.0-59.9, adult (ICD10:Z68.43 Body mass index (BMI) 50-59.9 , adult) 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	
Chronic obstructive asthma with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Acute and chronic respiratory failure (ICD10:J96.20 Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia) Unknown or N/A	Active	2015-10-01	
Diastolic heart failure, unspecified (ICD10:I50.30 Unspecified diastolic (congestive) heart failure) Unknown or N/A	Active	2015-10-01	

Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease (ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2015-10-01
Left heart failure (ICD10:I50.1 Left ventricular failure) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, 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		

Surgeries:

Description	Status	Start Date	End Date
Mammogram in 2012 Unknown or N/A	Active		
Colonoscopy in 2012 Unknown or N/A	Active		
Hospitalized at Baylor in 2014 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Divine Edge Health Services

Primary Justification Medical Conditions:

Mobility_Impairments,Kidney_Disease,hyperlipidemia,HTN,Heart_Failure,Asthma,Anemia,diabetes,COPD

Additional Medical Conditions:

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: Skilled nursing needed due to COPD and chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to COPD and chronic pain. Patient is weak with short of breath and poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-10-31 03:13

Signed By (Physician): 18

Signed on (Physician): 2016-11-07 03:13

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Bedside Commode (ICD9:719.45 Pain in joint, pelvic region and thigh) Unknown or N/A by Dr. Sumana Ketha	Active		

Elevated Toilet Seat (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A by Dr. Sumana Ketha	Active
Oxygen (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A by Dr. Sumana Ketha	Active
Walker (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A by Dr. Sumana Ketha	Active
Alcohol (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A by Dr. Sumana Ketha	Active

Procedure Order:

Patient ID	2401	Order ID	1284
Patient Name	Williams, Alice	Ordered By	Love-Jones, Derrick
Order Date	2016-12-10	Print Date	2016-12-10
Order Status	complete	Encounter Date	2016-12-10
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-11-07**.

Printed on 10-Dec-2016 17:41:12 pm.