

Guy Webb: Patient Information
Patient Record Number:5774

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: Guy Webb
External ID: 5774
DOB: 1957-09-09
Sex: Male
S.S.: 453-23-3164
Marital Status: Single
User Defined: 214-484-6153
Patient Drive Folder: 0B0x_tbqdBDPhNU5TbThjdxlaVE

Address: 1115 W Main St
City: Lancaster
State: Texas
Postal Code: 75146
Country: USA
Emergency Contact: Ade(house Owner)
Emergency Phone: 214-315-0130
Mobile Phone: 469-407-5015
Street Address: 1115 W Main St
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 02-11-2017.
Risk Factors: Hepatitis,Insomnia.

Family History:

Last Recorded On: 02-11-2017.
Father: Father deceased, complaints with ETOH abuse..
Mother: Mother deceased, complaints with hypertension and chronic obstructive pulmonary disease..
Siblings: One brother deceased..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 02-11-2017.
Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis,Hypertension.

Social History:

Last Recorded On: 02-11-2017.
Tobacco: Smokes 1/2 pack per day **Status:** Current
Alcohol: Stopped drinking. **Status:** Quit
Recreational Drugs: No drug abuse. **Status:** Never
Counseling: **Status:** N/A
Nutrition History: Regular..
Developmental History: Educational level is 12th grade..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 02-11-2017.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2010-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 521811311
Group Number :
Employer Name : Guy Webb
Copay :
Insured ID Number : 521811311
Group Number :
Employer Name : Guy Webb

Immunizations:

Guy Webb: Chief Complaint
Patient Record Number:5774

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Seen by Sumana Ketha MD

Seen on 11-January-2017

Chief Complaint Status:finalized

Follow up home visit for management of cirrhosis, neuropathy, hypertension, tobacco use, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataract, anxiety, bipolar, schizophrenia, and mononeuritis. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

A 59-year-old white male in no acute distress with multiple chronic conditions of hypertension, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataract, and schizophrenia. Patient states that for several days he has had shortness of breath. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2017-01-11	113	65	170.00	67.00	97.60	16.00	~	26.6	0.00

Review of Systems:

Constitutional:

Epithelial-mesenchymal transition logic:

No DISCOUNTS

No ENTIRETY OF DEED

No ~~business~~ ~~business~~

Range Of Motion

NO SPINVESTMENT in a CO Urine

North American Peasants

No Thought Content

No Ha

No Coryza

No Obstruction

Physical Exam:

SECRET

[illegible]

EXTRAEMITTES:

STOCK PURCHASE PROGRAMS: MONITORING OF THE NUMBER OF SHARES PURCHASED

CV:

Reference: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Qvar ,80 MCG/ACT AERS, INHALE 2 PUFFS TWICE DAILY, Quantity: 1, Refill Quantity: 4			
Unknown or N/A	Active	2016-12-04	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Qvar ,80 MCG/ACT AERS, INHALE 2 PUFFS TWICE DAILY, Quantity: 1, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-04
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Folic Acid ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Folic Acid ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Tamsulosin HCl ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Tamsulosin HCl ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-17
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-04
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-04
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07

Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Tamsulosin HCl ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Tamsulosin HCl ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-05
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-05

Plan Note:

Plan Note Status:Finalized

Continue the 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-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 us to systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. 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. Insomnia, continue current plan.
2. Bipolar, continue current plan.
3. Neuropathy, continue current plan.
4. Hypertension with vascular, continue current plan.
5. Chronic obstructive pulmonary disease/asthma, continue current plan.
6. Cirrhosis of liver, continue current plan.
7. Benign prostatic hypertrophy, continue current plan.
8. Anxiety, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Cataracts, continue current plan.
11. Schizophrenia continue current plan.

Medication refills as follows,

Advaiair 250/50.
Q-VAR 40 mcg.

Medical Problem:

Description	Status	Start Date	End Date
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Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-02
Unspecified cirrhosis of liver (ICD10:K74.60 Unspecified cirrhosis of liver) Unknown or N/A	Active	2015-10-02
Polyneuropathy, unspecified (ICD10:G62.9 Polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-02
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-02
Enlarged prostate with lower urinary tract symptoms (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-02
Biliary cirrhosis (ICD10:K74.5 Biliary cirrhosis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Acute exacerbation of chronic obstructive pulmonary disease [COPD] (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Asthma unspecified (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Benign Prostatic hyperplasia (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Insomnia unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Cataracts (ICD10:H26.9 Unspecified cataract) 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
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, in remission (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) 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
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Alcoholic fatty liver (ICD10:K70.0 Alcoholic fatty liver) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No know drug allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Bilateral hip replacement surgeries, left on 2011 and right on 2013. Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

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: Asthma,Hyperplasia,bipolar,COPD,HTN,Schizophrenia

Additional Medical Conditions: Neuropathy, Insomnia.

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed in this visit.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2017-01-11 03:16

Signed By (Physician): 18

Signed on (Physician): 2017-01-18 03:16

Form_status: finalized

Procedure Order:

Patient ID	5774	Order ID	1476
Patient Name	Webb, Guy	Ordered By	Love-Jones, Derrick
Order Date	2017-01-11 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
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 **2017-01-18**.

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