

**Rannall Harvey: Patient Information**  
Patient Record Number:6337

**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:** Rannall Harvey  
**External ID:** 6337  
**DOB:** 1980-08-04  
**Sex:** Male  
**S.S.:** 438-41-9340  
**Marital Status:** Single

**Address:** 3200 S Lancaster  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Emergency Contact:** 214-966-3927  
**Emergency Phone:** 469-478-7896  
**Mobile Phone:** 214-371-7331  
**Street Address:** 3200 S Lancaster

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2012-08-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 613443661  
**Group Number :**  
**Employer Name :** Rannall Harvey

## Immunizations:

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New admit to service to prevent further decline of the following chronic medical conditions of bipolar, hyperlipidemia, schizophrenia, and mild retardation. Patient complains of not sleeping well at night.

**History of Present illness:**

Patient is a 36-year-old African-American male in NAD with multiple chronic conditions of the following bipolar, hyperlipidemia, schizophrenia, and mild retardation. Patient's current complaint is that he is not sleeping well today. Patient has no history of recent hospitalizations and states that he had eye surgery in 1999. Patient has allergies to aspirin only. Patient also has food allergy to shrimp. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

**Social History:**

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-28	120	75	160.00	61.00	97.80	16.00	~	30.2	0.00

## Review of Systems:

[illegible]

### Physical Exam:

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

### Plan Note:

Continue same treatment plan as 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 those 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 encouraged to exercise daily as tolerated. Full set of labs ordered for patient. 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. Hyperlipidemia, continue current plan.
4. Schizophrenia, continue current plan.
5. Mild retardation, continue to monitor.

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-10-28	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-10-28	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-10-28	
Schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-10-28	
Unspecified dementia without behavioral disturbance ( ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-10-28	

## Allergies:

Description	Status	Start Date	End Date
Aspirin. Unknown or N/A	Active		
Food allergy to shrimp. Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Eye surgery in 1999 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:** Intellectual Disabilities,hyperlipidemia,Schizophrenia,bipolar

**Additional Medical Conditions:** Mild Retardation

**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 health issues and the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to mental health issues and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-28 03:10  
**Signed By (Physician):** 18  
**Signed on (Physician):** 2016-11-04 03:10  
**Form\_status:** finalized  
**Printed:**

## Procedure Order:

Patient ID	6337	Order ID	1282
Patient Name	Harvey, Rannall	Ordered By	Love-Jones, Derrick
Order Date	2017-01-09	Print Date	2017-01-09
Order Status	complete	Encounter Date	2017-01-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-09		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-11-04**.

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