

Shirley Harrell: Patient Information
Patient Record Number:6144

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: Shirley Harrell
External ID: 6144
DOB: 1964-04-24
Sex: Female

Address: 3264 Persimmon Rd,Bldg#8
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Home Phone: 214-760-0995
Work Phone: 214-477-4353
Mobile Phone: 214-372-1106
Street Address: 3264 Persimmon Rd
Apt/Suite/Other: 1123

Past Medical History:

Last Recorded On: 11-26-2016.
Risk Factors: Chronic Pain,Dyspnea,Heart Burn, Reflux,GERD,Neuropathy,Pneumonia.

Family History:

Last Recorded On: 11-26-2016.
Father: Father has hypertension and diabetes. .
Mother: Diabetes..

Social History:

Last Recorded On: 11-26-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Pets: None..

Insurance:

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 : 503079780
Group Number :
Employer Name : Shirley Harrell

Immunizations:

Shirley Harrell: Chief Complaint
Patient Record Number:6144

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Seen by Sumana Ketha MD
Seen on 18-October-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of diabetes 2, hypertension, anxiety, chronic pain, asthma, neuropathy, gastroesophageal reflux disease, heart disease, and vitamin D deficit. Patient complains of coughing 5-7 days and sinus pain.

History of Present illness:

HPI Status:Finalized

Patient is a 52-year-old AA female in NAD who presents with multiple chronic conditions of the following: hypertension, diabetes 2, chronic pain, anxiety, neuropathy, asthma, gastroesophageal reflux disease, and vitamin D deficit. Patient also on 2.5 liters of O2 via nasal cannula. Patient states she had double walking pneumonia in 2012 and has never recovered physically. Patient denies chest pain, nausea or headache recently. Patient uses a walker and wheelchair for mobility. Patient states she has been having back pain and leg pain that has increased over the last several days. Patient also states she has had a non-productive cough on/off for 5-7 days and sinus pain. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently. Patient denies any hypoglycemic episodes and a food check revealed no major issues.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-18	136	85	0.00	66.00	97.80	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

~~Weight loss~~ No
~~Fevers~~ No
~~Chills~~ No
~~Malaise~~ No
~~Fatigue~~ No
~~Decreased Range Of Motion~~ No
~~Decreased Energy~~ No
~~Decreased Appetite~~ No
~~Decreased Libido~~ No

Physical Exam:

HEENT:

~~Headache~~ No
~~Eyes~~ No
~~Ears~~ No
~~Nose~~ No
~~Throat~~ No

EXTREMITIES:

~~Swelling~~ No
~~Redness~~ No
~~Warmth~~ No
~~Coolness~~ No
~~Weakness~~ No
~~Parosmia~~ No

MUSC:

~~Weakness~~ No
~~Atrophy~~ No
~~Spasticity~~ No
~~Flaccidity~~ No

NECK:

~~Stable Thyroid~~ No
~~Trachea~~ No
~~Carotid Artery~~ No
~~Septum~~ No
~~JVD~~ No
~~Lymphadenopathy~~ No

CV:

~~RRR~~ No

~~Murmur~~ No
~~Rubs~~ No
~~Gallops~~ No

Medication:

Description	Status	Start Date	End Date
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Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-31
Nifedical XL ,60 MG TB24, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-31
Advocate Insulin Pen Needles ,29G X 12.7MM MISC, USE AS DIRECTED, Quantity: 200, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-19
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-19
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-09-15
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
Patanol ,0.1 % SOLN, USE 1 DROP IN EACH EYE TWICE DAILY AS DIRECTED h4/16, Quantity: 1, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Blood Glucose Monitor System ,w/Device KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29

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 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 and not sit in her wheelchair all day. No labs needed this visit. Reviewed current labs with patient. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Sinusitis start Z-Pak.
2. Chronic obstructive pulmonary disease/asthma, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Gastroesophageal reflux disease, continue current plan.
7. Anxiety, continue current plan.
8. Neuropathy, continue current plan.
9. Heart disease, continue current plan.
10. Vitamin D deficiency, continue current plan.
11. Peripheral vascular disease, continue current plan.
12. Morbid obesity, continue to monitor.

Medication refills as follows:

Pro-Air INH

Pantanol Opth

Xanax 0.5 mg b.i.d.

Norco 10/325 mg t.i.d.

Omeprazole 40 mg q.h.s.

1/2 cc 29 g needles.

Medical Problem:

Description	Status	Start Date	End Date
Chronic sinusitis, unspecified (ICD10:J32.9 Chronic sinusitis, unspecified) Unknown or N/A	Active	2016-10-18	
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2016-09-08	
Chronic systolic (congestive) heart failure (ICD10:I50.22 Chronic systolic (congestive) heart failure) Unknown or N/A	Active	2016-09-06	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-02	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-02	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-02	
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	2016-08-02	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-02	
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-25	
Unspecified asthma with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2016-05-11	
Hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2016-05-11	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-05-11	
Shortness of breath (ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2016-05-11	
Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-05-11	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-11	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-11	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-04-11	

Morbid (severe) obesity due to excess calories (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-04-11
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-11
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-11
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-11

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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: NO

Next Visit Duration (in days): 31

Current home health agency: Calvary Healthcare Inc

Primary Justification Medical Conditions: Asthma,COPD,Depression,diabetes,HTN,Heart_Disease,Mobility_Impairments

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 asthma and mobility impairment.

Certification Statement: Patient is home bound due to asthma and mobility impairment. Patient experience shortness of breath with ambulation and is weak with poor balance which places patient at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-10-18 02:56

Signed By (Physician): 18

Signed on (Physician): 2016-10-25 02:56

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Full face mask, Sleep Tubing, Ileadgeaer, Sleep Full Face Cushion (ICD10:G47.33 Obstructive sleep apnea (adult) (pediatric)) Unknown or N/A	Active	2016-10-07	

Procedure Order:

Patient ID	6144	Order ID	1192
Patient Name	Harrell, Shirley	Ordered By	Love-Jones, Derrick
Order Date	2016-11-27	Print Date	2016-11-27
Order Status	complete	Encounter Date	2016-11-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-27		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-10-25**.

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