

**Aaron Nealey: Patient Information**  
Patient Record Number:5674

**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:** Mr. Aaron Nealey  
**External ID:** 5674  
**DOB:** 1985-10-25  
**Sex:** Male  
**Marital Status:** Single

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216-4555  
**Country:** USA  
**Street Address:** 3200 S Lancaster Rd

## Past Medical History:

**Last Recorded On:** 11-06-2016.  
**Risk Factors:** Insomnia.

## Family History:

**Last Recorded On:** 11-06-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-06-2016.  
**Tobacco:** Current every day smoker Smokes marijuana **Status:** Current  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drugs **Status:** Never  
**Nutrition History:** Regular diet..  
**Developmental History:** Good..  
**Other History:** Patient lives in group home..

## Tests and Exams:

**Last Recorded On:** 11-06-2016.  
**CBC Complete Blood Count (3 months)** Abnormal Done on 10/02/2014 at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha  
**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 10/02/2014 at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha  
**LIPIDS (once year unless chol meds)** Abnormal Done on 10/02/2014 at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

## Insurance:

**Superior Health Plan Texas (39188)**

**Priority :** Primary

**Start Date :** 2012-12-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Superior Health Plan Texas (39188)

**Copay :**

**Insured ID Number :** 506508673

**Group Number :**

**Employer Name :** Aaron Nealey

**Immunizations:**

**Aaron Nealey: Chief Complaint**  
Patient Record Number:5674

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**Seen by** Sumana Ketha MD  
**Seen on** 30-September-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of anxiety, depression, schizophrenia, insomnia, and tobacco use. Patient complains of feeling down.

**History of Present illness:**

**HPI Status:**Finalized

A 30-year-old African American male in NAD with multiple chronic conditions of insomnia, anxiety, depression, and schizophrenia. Patient denies any new issues upon examination. Patient states he has not been feeling down the last 2-3 days. Patient unable to give reason for this. Patient denies wanting to hurt himself. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-30	133	86	130.00	72.00	97.60	16.00	~	17.6	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 130.00 lbs  
**Appetite** No Change  
**Energy** No Change  
**Temperature** No Change  
**Heart rate** No Change  
**Respiratory** No Change  
**Stool** No Change  
**Urine** No Change  
**Antidepressants** YES  
**Alcohol** No Change  
**Cocaine** No Change  
**Heroin** No Change  
**Other** No Change  
**Use Of Dentures** No Change

**Physical Exam:**

**HEENT:**  
Eyes - Within Normal Limits .  
Ears - Within Normal Limits .  
Nose - Within Normal Limits .  
Throat - Within Normal Limits .  
**EXTREMITIES:**  
Strength - Within Normal Limits .  
ROM - Within Normal Limits .  
**CYMPH:**  
Chest - Within Normal Limits .  
**MUSC:**  
Strength - Within Normal Limits .  
ROM - Within Normal Limits .

**Plan Note:**

**Plan Note Status:**Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. No labs needed at this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Depression continue current plan  
Anxiety continue current plan  
Insomnia continue current plan  
Schizophrenia continue current plan

No refills needed in this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified ( ICD10:G47.00 Insomnia, 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	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-02	
Schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-02	
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	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, 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		

## 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:** Depression,Schizophrenia

**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:** SN needed due to mental illness and inability to self medicate currently.

**Certification Statement:** Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-30 04:42

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-07 04:42

**Form\_status:** finalized

