

Darlene Young: Patient Information
Patient Record Number:6190

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: Darlene Young
External ID: 6190
DOB: 1961-01-09
Sex: Female

Address: 4344 Marshall St
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 214-438-9210
Street Address: 4344 Marshall St
Apt/Suite/Other: House

Family History:

Last Recorded On: 07-14-2016.
Father: Father died..
Mother: Mother died..
Siblings: None..
Offspring: Denies..

Social History:

Last Recorded On: 07-14-2016.
Tobacco: No smoking. **Status:**
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza in 2015..

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 513229653
Group Number :
Employer Name : Darlene Young

Immunizations:

Darlene Young: Chief Complaint
Patient Record Number:6190

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Seen by Sumana Ketha MD
Seen on 10-August-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, hyperlipidemia, osteoarthritis with chronic pain, depression, and chronic pain syndrome. Patient complains of hip pain and leg pain.

History of Present illness:

HPI Status:Finalized

A 55-year-old African-American female in NAD multiple chronic conditions of the following hypertension, hyperlipidemia, depression, osteoarthritis with chronic pain, and chronic pain syndrome. Patient states that she was in an MVA in 2002 and sustained a fractured hip. Patient has pain in hips and legs that has increased overtime since her accident. Patient does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-10	156	92	152.00	64.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

ENT: ~~ENT TIL TO TILT 10 D. GROSSLY ENLARGED~~ Mucous membranes pink, Bilateral Nasal Turbinates-Within Normal Limits.

REMARK: 55.98% of the population is under the Upper State-Specific Workable Normal Monthly-Winter Normal Limits.

BACK:
 Patient Appears To Be In Good Mood Within Normal Limits.

CV:
RRR-Within Normal Limits .

RESP:
Lungs CTAB-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-06-03	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his 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 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 to exercise daily as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan 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. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Depression, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-08-10	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-27	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-05-27	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-05-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-27	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-27	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-27	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-05-26	

Surgeries:

Description	Status	Start Date	End Date
Hip surgery in 2012. Unknown or N/A	Active	2016-05-26	

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient homebound due to previous trauma and the inability to drive.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-08-10 08:04

Signed By (Physician): 18

Signed on (Physician): 2016-08-16 08:04

Form_status: finalized

Procedure Order:

Patient ID	6190	Order ID	817
Patient Name	Young, Darlene	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
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 **2016-08-17**.

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