

**Herman Stewardjr: Patient Information**  
Patient Record Number:5695

**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:** Herman F Stewardjr  
**External ID:** 5695  
**DOB:** 1979-02-16  
**Sex:** Male  
**Marital Status:** Single  
**Patient Drive Folder:** 0B0x\_t bqdB DPhemhXOW8wYUpIYTg

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

## Family History:

**Last Recorded On:** 01-28-2017.  
**Father:** Father had HTN..  
**Mother:** Mother had unknown cancer..

## Primary Family Med Conditions:

**Last Recorded On:** 01-28-2017.  
**Chronic Conditions:** Hypertension.

## Social History:

**Last Recorded On:** 01-28-2017.  
**Tobacco:** Smokes one packet per day. **Status:** Current  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drug use. **Status:** Never  
**Nutrition History:** Regular diet..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 01-28-2017.

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 0000-00-00  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 502129959  
**Group Number :**  
**Employer Name :** Herman Stewardjr

**Immunizations:**

**Herman Stewardjr: Chief Complaint**  
Patient Record Number:5695

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**Seen by** Sumana Ketha MD  
**Seen on** 23-December-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension, insomnia, mood disorder, diabetes mellitus 2, anxiety, schizophrenia.  
Patient complains of not sleeping through the night.

## History of Present illness:

**HPI Status:**Finalized

A 37-year-old AA male in NAD with multiple chronic conditions of the following schizophrenia, mood disorder, hypertension with vascular complications, insomnia, anxiety and diabetes mellitus 2 with neuropathy. Patient states that he has not been sleeping through the night and is not able to fall back to sleep after waking up. Patient also states his feet have been hurting. Patient denies any other issues or complains 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
2016-12-23	132	84	270.00	66.00	97.60	16.00	~	43.6	0.00

## Review of Systems:

**Constitutional:**

**General:** No Change

No Change

No Change

No Change

No Change

No Change

No Change

No Change

No Change

No Change

## Physical Exam:

**HEENT:**

Normal

**ENT:**

Normal

**CV:**

Normal

Murmur, Rubs, Gallops-Within Normal Limits .

## Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. 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. Patient encouraged continuing weight loss efforts via daily exercise. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

HTN w/vascular continue current plan  
Anxiety continue current plan  
Insomnia continue current plan  
Mood Disorder continue current plan  
DM2 w/neuropathy continue current plan  
Schizophrenia continue current plan

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Bipolar disorder, in full remission, most recent episode manic ( ICD10:F31.74 Bipolar disorder, in full remission, most recent episode manic) Unknown or N/A	Active	2016-12-23	
Unspecified mood [affective] disorder ( ICD10:F39 Unspecified mood [affective] disorder) Unknown or N/A	Active	2016-09-09	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-24	
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	2016-06-24	
Schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-05-20	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
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	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder ( ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active		
Unspecified schizophrenia, unspecified ( ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active		
Mood disorder ( ICD9:296.90 Unspecified episodic mood disorder) Unknown or N/A	Active		

## 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:** HTN,Schizophrenia

**Additional Medical Conditions:** Insomnia, Anxiety

**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:** Patient is homebound due to mental illness and the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to mental illness and then ability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-23 01:09

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-30 01:09

**Form\_status:** finalized

## Procedure Order:

Patient ID	5695	Order ID	1405
Patient Name	Stewardjr, Herman F	Ordered By	Love-Jones, Derrick
Order Date	2017-01-29	Print Date	2017-01-29
Order Status	complete	Encounter Date	2017-01-29
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

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