

Jimmy BrownJr: Patient Information
Patient Record Number:1274

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texashousecalls.com

Name: Jimmy Lee BrownJr
External ID: 1274
DOB: 1970-01-23
Sex: Male
S.S.: 452-35-2055
Marital Status: Single

Address: 3727 Malcolm X Blvd
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Home Phone: 214-434-8436
Street Address: 3727 Malcolm X Blvd
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-22-2016.
Risk Factors: Chronic Pain,Neuropathy,Seizures,Severe Migraine.
Additional Medical History: Allergic Rhinitis Herniated back disc.

Family History:

Last Recorded On: 07-22-2016.
Father: Father had hypertension..
Mother: Mother had hypertension, osteoarthritis, and asthma..
Offspring: Patient has 2 children..

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.
Chronic Conditions: Asthma,Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 07-22-2016.
Tobacco: Current every day smoker Smokes 12 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: Marijuana **Status:** Current
Nutrition History: Regular diet..
Developmental History: Good..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-22-2016.

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 : 524869902
Group Number :
Employer Name : Jimmy BrownJr

Immunizations:

Jimmy BrownJr: Chief Complaint
Patient Record Number:1274

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texashousecalls.com

Seen by Sumana Ketha MD
Seen on 19-August-2015

Chief Complaint Status:pending

Followup home visit for management of chronic pain, OA, neuropathy, anxiety, AR, epilepsy, asthma, thoracic lumbar neuritis, abnormal gout, HTN, and chronic migraines.

History of Present illness:

HPI Status:Pending

A 45-year-old male in NAD with multiple chronic conditions of HTN, chronic pain, epilepsy, and anxiety. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any hypoglycemia and foot check revealed no issues. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2015-08-19	138	93	144.00	65.00	97.80	18.00		24.0	0.00
2015-08-19	138	93	144.00	65.00	97.80	18.00		24.0	0.00

Review of Systems:

Constitutional:

Revisiting the @Tangerat:

No Backdoor Vision

No ~~Signs of~~ Breath

No ~~Excessive~~ Glucose Of Urine

No Blending or Perception of Motion

No Angureya

No Bleeding Gums

No Boariness

No Observed Dangers

Physical Exam:

REMARKS:

[illegible]

ENTIREMITIES:

SEBASTIAN LIMITED COMPANY is a company limited by shares.

CV:

Revised Student Learning Outcomes with Normal Limits:

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take 1 Tablet By Mouth Every 8 Hours As Needed For Pain, Quantity: 90, Refill Quantity: 0	Active	2015-04-28	
Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA			

Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-28
Triamcinolone Acetonide ,0.1 % CREA, APPLY AND RUB IN A THIN FILM TO AFFECTED AREAS TWICE DAILY(AM AND PM), Quantity: 240, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-28
Atrovent HFA ,17 MCG/ACT AERS, INHALE 2 PUFFS TWICE DAILY, Quantity: 166.41, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
CarBAMazepine ,200 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Colace ,100 MG CAPS, TAKE ONE CAPSULE TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Propranolol HCl ,40 MG TABS, TAKE 1 TAB TWICE PER DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Proventil HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 6.7, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Qnasl ,80 MCG/ACT AERS, INSERT 1 SQUIRT IN ONE NOSTRIL EVERY DAY, ALTERNATING EACH NOSTRIL, Quantity: 8.7, Refill Quantity: 8 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Singulair ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Qnasl ,80 MCG/ACT AERS, INSERT 1 SQUIRT IN ONE NOSTRIL EVERY DAY, ALTERNATING EACH NOSTRIL, Quantity: 8.7, Refill Quantity: 8 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-18

Plan Note:

Plan Note Status: Pending

1. Continue same treatment plan. 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.
2. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Discussed the treatment plan with the patient and family. Prognosis is fair and stable. No change in current medication since last visit.
3. Patient is asked to continue current medications for hypertension.
4. Chronic pain, is stable and asked to continue medications.
5. Continue current medications for epilepsy.
6. Patient is asked to continue on nebulizers for asthma.
7. Refilled medications are Lisinopril, Hydrocodone/ APA 10/325 mg, ProAir and Triamcinolone topical.
8. Management options such as drug therapy requiring intensive monitoring for toxicity is considered.
9. Follow up in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-01	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Thoracic or lumbosacral neuritis or radiculitis, unspecified (ICD10:M54.14 Radiculopathy, thoracic region) (ICD10:M54.15 Radiculopathy, thoracolumbar region) (ICD10:M54.16 Radiculopathy, lumbar region) (ICD10:M54.17 Radiculopathy, lumbosacral region) Unknown or N/A	Active	2015-10-01	
Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus (ICD10:G43.909 Migraine, unspecified, not intractable, without status migrainosus) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Contact dermatitis and other eczema, unspecified cause (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-10-01	
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Thoracic or lumbosacral neuritis or radiculitis, unspecified (ICD10:M54.14 Radiculopathy, thoracic region) (ICD10:M54.15 Radiculopathy, thoracolumbar region) (ICD10:M54.16 Radiculopathy, lumbar region) (ICD10:M54.17 Radiculopathy, lumbosacral region) 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	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Inactive	2015-04-27	2015-09-30
Thoracic or lumbosacral neuritis or radiculitis, unspecified (ICD9:724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified) Unknown or N/A	Inactive	2015-02-17	2015-09-30

Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus (ICD9:346.90 Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Allergic rhinitis, cause unspecified (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Other convulsions (ICD9:780.39 Other convulsions) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Contact dermatitis and other eczema, unspecified cause (ICD9:692.9 Contact dermatitis and other eczema, unspecified cause) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Abnormality of gait (ICD9:781.2 Abnormality of gait) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Thoracic or lumbosacral neuritis or radiculitis, unspecified (ICD9:724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Unspecified hereditary and idiopathic peripheral neuropathy (ICD9:356.9 Unspecified hereditary and idiopathic peripheral neuropathy) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Spasm of muscle (ICD9:728.85 Spasm of muscle) Unknown or N/A	Inactive	2015-02-17	2015-09-30
Osteoarthritis, generalized, site unspecified (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Inactive	2015-01-15	2015-09-30
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Inactive	2014-11-17	2015-09-30
Asthma, unspecified type, unspecified (ICD9:493.90 Asthma, unspecified type, unspecified) Unknown or N/A	Inactive	2014-11-17	2015-09-30
Epilepsy, unspecified, without mention of intractable epilepsy (ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A	Inactive	2014-11-17	2015-09-30
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2014-11-17	2015-09-30

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: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Nursing Required: NO

Clinical Findings To Justify Home Health: No skilled nursing.

Certification Statement: No SN needed at this visit.

Signed by (NP): 16

Signed On (NP): 2015-08-19 21:57

Signed By (Physician): 18

Signed on (Physician): 2015-08-26 21:57

Form_status: pending

Printed on 24-Sep-2016 11:10:30 am.