

Brandy Swimmer: Patient Information
Patient Record Number:3376

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: Brandy Swimmer

External ID: 3376

DOB: 1959-09-30

Sex: Female

S.S.: 352-58-3258

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXYVEzZ1F1cWZXQ1U>

Address: 3200 South Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Work Phone: 469-826-8013

Street Address: 3200 South Lancaster Rd

Past Medical History:

Last Recorded On: 11-12-2016.

Risk Factors: Insomnia.

Family History:

Last Recorded On: 11-12-2016.

Father: Father has heart-attack..

Mother: Mother with no illness..

Offspring: Two children..

Other Family Relative: No family history of cancer..

Primary Family Med Conditions:

Last Recorded On: 11-12-2016.

Chronic Conditions: Heart Failure.

Social History:

Last Recorded On: 11-12-2016.

Tobacco: Current every day smoker Smokes 2 cigarettes per day. **Status:** Current

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drugs. **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Tests and Exams:

Last Recorded On: 11-12-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2013-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 530645534
Group Number :
Employer Name : Brandy Swimmer

Immunizations:

Brandy Swimmer: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 30-September-2016

Chief Complaint Status:finalized

Follow up visit to prevent further decline chronic medical conditions of asthma, multiple sclerosis, manic depression, urinary incontinence, hypertension, insomnia, and chronic pain. Patient complaint of not sleeping well at night.

History of Present illness:

HPI Status:Finalized

Patient is a 56-year-old Caucasian female in NAD with multiple chronic conditions of the following, asthma, multiple sclerosis, manic depression, urinary incontinence, hypertension, insomnia, and chronic pain. Patient states that she has not been able to sleep well at night. Patient continues to state that she has pain throughout her body. Patient rates pain at 7/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-30	129	81	219.00	63.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight: Stable
Appetite: No Change
Energy: No Change
Stress: No Change
Insomnia: No Change
Depression: No Change
Anxiety: No Change
Chronic Pain: No Change
Urinary Incontinence: No Change
Constipation: No Change

Physical Exam:

HEENT:
Eyes-Within Normal Limits .
Ears-Within Normal Limits .
Nose-Within Normal Limits .
Throat-Within Normal Limits .
EXTREMITIES:
Upper Extremities-Within Normal Limits .
Lower Extremities-Within Normal Limits .
CVMPH:
RR-Within Normal Limits .
MUSC:
Strength-Within Normal Limits .
ROM-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Naproxen ,500 MG TABS, TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-11	

ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH 3 TIMES DAILY, Quantity: 8.5, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
HydroCHLORothiazide ,12.5 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH 3 TIMES DAILY, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Avonex ,30 MCG KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Hydrochlorothiazide ,12.5 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Avonex ,30 MCG KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
Naproxen ,500 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-04

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. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Insomnia continue current plan

Anxiety continue current plan

Asthma continue current plan

Hypertension with vascular complications continue current plan

Multiple Sclerosis continue current plan
Chronic Pain Syndrome continue current pain medication
Urinary Incontinence continue current plan
Manic Depression continue current plan

Medication refills as follows:

Pro-Air INH

Alprozalam 0.5mg tid

Medical Problem:

Description	Status	Start Date	End Date
Unspecified convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-21	
Unspecified asthma with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-21	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-21	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-21	
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Multiple sclerosis (ICD10:G35 Multiple sclerosis) Unknown or N/A	Active	2015-10-01	
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	
Need for prophylactic vaccination and inoculation against influenza (ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-01	
Urinary Incontinence (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-06-24	

Surgeries:

Description	Status	Start Date	End Date
Wrist and knee surgery. 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: Asthma,Depression,HTN,Multiple_Sclerosis,Schizophrenia

Additional Medical Conditions: Chronic Pain, Insomnia, Urinary Incontinence

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 schizophrenia, manic-depression and the inability to self medicate.

Certification Statement: Patient needs skilled nursing due to schizophrenia, chronic pain and the inability to self medicate.

Signed by (NP): 16

Signed On (NP): 2016-09-30 04:46

Signed By (Physician): 18

Signed on (Physician): 2016-10-07 04:46

Form_status: finalized



Electronically Signed by **Sumana Ketha, MD** on **2016-10-06**.

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