

Kenneth Ivy: Patient Information
Patient Record Number:5457

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: Kenneth Ivy
External ID: 5457
DOB: 1938-11-20
Sex: Male
S.S.: 426-86-5755
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXZWRRaFVFd2h2X3c>

Address: 3200 South Lancaster Road
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-428-8183
Work Phone: 972-904-2309
Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: GERD.

Family History:

Last Recorded On: 07-14-2016.
Father: Unknown.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker 10 cigarettes a day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 07-14-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
TSH Thyroid-Stimulating Hormone (every year) Abnormal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
CBC Complete Blood Count (3 months) Abnormal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
LIPIDS (once year unless chol meds) Abnormal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
Urine Culture (prn) Normal Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha
PSA (over 50 yrs) N/A Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1977-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-03-19
Relationship to Insured : Self
Type : N/A
Payer : Tricare South Region (TRICS)

Copay :
Insured ID Number : 426865755A
Group Number :
Employer Name : Kenneth Ivy
Copay :
Insured ID Number : 595035649
Group Number :
Employer Name : Kenneth Ivy

Immunizations:

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Description	Status	Start Date	End Date
<p>Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-03-14	

NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-29
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-29
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-19
CloNIDine HCl ,0.3 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 270, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-19
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
Atenolol ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
CloNIDine HCl ,0.3 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 270, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
Aspirin ,325 MG TBEC, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23
Atenolol ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23

Atenolol ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill
Quantity: 1
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Active

2014-12-19

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 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.

HTN w/vascular complications continue current plan
CKD-3 continue current plan
GERD continue current plan
BPH continue current plan
INSOMNIA continue current plan
ABNORMAL GAIT continue to monitor

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Shortness of breath (ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage III (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Personal history of tobacco use (ICD10:Z87.891 Personal history of nicotine dependence) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage I (ICD10:N18.1 Chronic kidney disease, stage 1) Unknown or N/A	Active	2015-10-01	
Legal blindness, as defined in U.S.A. (ICD9:369.4 Legal blindness, as defined in U.S.A.) 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: Prosperity Health Services

Primary Justification Medical Conditions: blindness,HTN,Hyperplasia,Kidney_Disease

Additional Medical Conditions: GERD, Abnormal Gait

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 blindness and inability to self medicate currently.

Certification Statement: Patient is home bound due to abnormal gait. Patient has unsteady, painful ambulation with extremely poor balance and increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-22 07:47

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 07:47

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Gloves Unknown or N/A by Dr. Sumana Ketha	Active		
Thermometer Coveres Unknown or N/A by Dr. Sumana Ketha	Active		

Procedure Order:

Patient ID	5457	Order ID	757
Patient Name	Ivy, Kenneth	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

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