

**Nicole Birdow: Patient Information**  
Patient Record Number:6234

**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:** Nicole E Birdow  
**External ID:** 6234  
**DOB:** 1978-05-24  
**Sex:** Female  
**S.S.:** 457-59-3348  
**Patient Drive Folder:** +12143717859-0714-112456-207

**Address:** 3200 S Lancaster  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Guardian's Name:** Shonna  
**Mobile Phone:** 214-743-0482  
**Street Address:** 3200 S Lancaster

## Family History:

**Last Recorded On:** 09-30-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 09-30-2016.  
**Tobacco:** Current some day smoker Smokes one packet per day. **Status:** Current  
**Alcohol:** Drinks alcohol. **Status:** Current  
**Recreational Drugs:** Acid/Cocaine/Methyl **Status:** Current  
**Nutrition History:** Regular diet..  
**Developmental History:** Education level is 10th grade..

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority :** Primary  
**Start Date :** 2015-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)  
**Priority :** Secondary  
**Start Date :** 2015-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 500000022630  
**Group Number :**  
**Employer Name :** Nicole Birdow  
**Copay :**  
**Insured ID Number :** 504309897  
**Group Number :**  
**Employer Name :** Nicole Birdow

**Immunizations:**

**Nicole Birdow: Chief Complaint**  
Patient Record Number:6234

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**Seen by** Sumana Ketha MD  
**Seen on** 26-August-2016

**Chief Complaint Status:**finalized

Follow-up visit to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, asthma, depression, insomnia, urinary incontinence, and schizophrenia. Patient complains of not sleeping through the night and leg pain.

**History of Present illness:**

**HPI Status:**Finalized

A 38-year-old African-American female in NAD with multiple chronic conditions of the following hypertension with vascular complications, asthma, depression, insomnia, urinary incontinence, and schizophrenia. Patient complains of not sleeping through the night. Patient states that she has had a difficult time staying asleep at night. Patient also states she has pain in her leg. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting at this time.

### Vitals:

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|-----|-----------|
| 2016-08-26   | 134 | 84  | 282.00 | 66.00 | 98.20       | 18.00 | ~    | 0.0 | 0.00      |

## Review of Systems:

**Constitutional:**

**Psychiatric History:**  
 No Schizophrenia Psych Diagnosis YES  
 No Current Psych History  
 No Past Psych History  
 No Current Meds  
 No Past Meds  
 No Current Subst Use  
 No Past Subst Use  
 No Current Appointments  
 No Past Appointments  
 No Current Range Of Motion

### Physical Exam:

### **~~CHALLENGE~~ MITIGATIONS:**

**Electrocardiogram (ECG) Findings:** Sinus rhythm, normal intervals, no ST-T wave abnormalities. Within Normal Limits.

**RISK:**

**Non-Hyperplastic Oropharyngeal Squamous Metaplasia, Mild to Moderate, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits.**

**NEURO:**

**REPEAL THE ECONOMIC AND MORAL LIMITS .**

**RESEH:**

**Affects CtrAB Within Normal Limits. .**

Respirator Effect on Habitual Activity in Mice with Sleep Deprivation .

### Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as 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 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. Patient encouraged to exercise daily as tolerated. No that's needed this visit. The patient verbalize understanding of the above planning 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. Hypertension with vascular complications, continue current plan.

2. Asthma, continue current plan.
3. Insomnia continue current plan.
4. Depression continue current plan.
5. Urinary incontinence, continue current plan.
6. Schizophrenia, continue current plan.

No medication refills needed this visit.

## Medical Problem:

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity<br>( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)<br>Unknown or N/A | Active | 2016-07-22 |          |
| Unspecified asthma, uncomplicated<br>( ICD10:J45.909 Unspecified asthma, uncomplicated)<br>Unknown or N/A   | Active | 2016-07-22 |          |
| Major depressive disorder, single episode, unspecified<br>( ICD10:F32.9 Major depressive disorder, single episode, unspecified)<br>Unknown or N/A   | Active | 2016-07-22 |          |
| Insomnia, unspecified<br>( ICD10:G47.00 Insomnia, unspecified)<br>Unknown or N/A  | Active | 2016-07-22 |          |

## Allergies:

| Description                  | Status | Start Date | End Date |
|------------------------------|--------|------------|----------|
| Divalproex<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description                       | Status | Start Date | End Date |
|-----------------------------------|--------|------------|----------|
| Tubal ligation.<br>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

**Primary Justification Medical Conditions:** Asthma,Depression,HTN,Intellectual Disabilities,Schizophrenia

**Additional Medical Conditions:** Insomnia

**Nursing Required:** YES

**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 they believe so.

**Signed by (NP):** 16

**Signed On (NP):** 2016-08-26 05:34

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-02 05:34

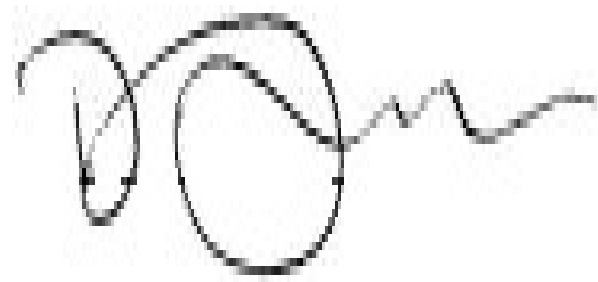
**Form\_status:** finalized

## Procedure Order:

|              |                  |            |                     |
|--------------|------------------|------------|---------------------|
| Patient ID   | 6234             | Order ID   | 890                 |
| Patient Name | Birdow, Nicole E | Ordered By | Love-Jones, Derrick |
| Order Date   | 2016-09-30       | Print Date | 2016-09-30          |

|              |            |                |            |
|--------------|------------|----------------|------------|
| Order Status | complete   | Encounter Date | 2016-09-30 |
| Lab          | .HH Agency | Specimen Type> |            |

| Ordered Procedure   | Report     |          |         |      | Results |                |     |       |             |       |      |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
|                     | Reported   | Specimen | Status  | Note | Code    | Name           | Abn | Value | Range       | Units | Note |
| 026: Pulse Oximetry | 2016-09-30 |          | Final ✓ |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |



Electronically Signed by **Derrick Love-Jones** on **2016-09-02**.

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