

Ashley Williams: Patient Information
Patient Record Number:6294

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: Ashley N Williams
External ID: 6294
DOB: 1990-04-26
Sex: Female
Marital Status: Divorced

Address: 3006 Mesa View Dr
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Guardian's Name: Jakson Dennis
Emergency Contact: 469-348-1541
Street Address: 3006 Mesa View Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-30-2016.
Father: Father died, complaints of sleep apnea, hypertension, and diabetes mellitus 2. .
Mother: Mother is alive..
Siblings: Three brothers and three sisters..
Offspring: None..

Social History:

Last Recorded On: 12-30-2016.
Tobacco: Smokes 1 pack per day. **Status:** Current
Alcohol: Drinks 12 pack weekly. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Educational level is 12th grade..
Other History: No immunizations..

Insurance:

Humana (61101)

Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : H7406018800
Group Number :
Employer Name : Ashley Williams

Immunizations:

Ashley Williams: Chief Complaint
Patient Record Number:6294

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Seen by Sumana Ketha MD
Seen on 23-November-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of schizophrenia, insomnia, epilepsy, and major depression. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

A 26-year-old Caucasian female in no acute distress with multiple chronic conditions of schizophrenia, insomnia, epilepsy, and major depression. Patient states that she has been having lower back pain for several years. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-23	112	78	190.00	66.00	97.60	16.00	~	30.7	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

DISCUSSION

No Breathe On Fresh

Neopentyl Glycidyl Ether

Electronics Engineering

No Change in Blood Pressure

No Diameters

No Constipation

Physical Exam:

FIGURE 3:

SIGNIFICANTLY ABNORMAL PROSTATECTOMY AND/ OR BPH SPECIMENS: Within Normal Limits

NEERO:

ENT: External Ear - Bilateral External Ear Canals - Within Normal Limits. Eardrums - Pink, Bilateral Nasal Turbinates - Within Normal Limits.

PSYCH:

RRR/Affected Within Normal Limits Alert and Oriented X3-Within Normal Limits.

RESP:

Abol TCTASWalt Questions Appropriately-Within Normal Limits .

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-11-28	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Sertraline HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-28
TraZODone HCl ,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-28

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his 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 was encouraged to exercise daily as tolerated. No labs needed this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Insomnia, continue current plan.
3. Epilepsy, continue current plan.
4. Chronic pain syndrome, continue current painmediations.
5. Major depression, continue current plan.
6. Schizophrenia, continue current plan.

Medication refills as follows,

Loratadine 10 mg q.d.

Hydralazine 50 mg t.i.d.

Gabapentin 100 mg t.i.d.

Topiramate 50 mg b.i.d.

Norco 10/325 mg t.i.d.

Sertraline 100 mg q.d.

Trazadone 50 mg q.h.s.

Omerprazole 20 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-11-23	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-11-23	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-10-12	
Acute pharyngitis, unspecified (ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-09-06	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-06	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-09-06	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-06	

Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation in 2012. Unknown or N/A	Active		
Hospitalized for snake bite. 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: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia,Epilepsy

Additional Medical Conditions: Major Depression and Insomnia

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness.

Certification Statement: Skilled nursing is needed due to mental illness and the inability to self medicate corrected.

Signed by (NP): 16

Signed On (NP): 2016-11-23 01:14

Signed By (Physician): 18

Signed on (Physician): 2016-11-30 01:14

Form_status: finalized

Procedure Order:

Patient ID	6294	Order ID	1256
Patient Name	Williams, Ashley N	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-11-30**.

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