

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: 11-26-2016.
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: 11-26-2016.
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:

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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. Insomnia continue current plan
2. Epilepsy continue current plan
3. Major Depression continue current plan
4. 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.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| 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): 2016-10-12 04:21
Signed By (Physician): 18
Signed on (Physician): 2016-10-19 04:21
Form_status: finalized

Procedure Order:

| | | | |
|--------------|--------------------|----------------|---------------------|
| Patient ID | 6294 | Order ID | 1109 |
| Patient Name | Williams, Ashley N | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-11-27 | Print Date | 2016-11-27 |
| Order Status | complete | Encounter Date | 2016-11-27 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-11-27 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |



Electronically Signed by **Sumana Ketha, MD** on **2016-10-19**.

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