

**Jimmy BrownJr: Patient Information**  
Patient Record Number:1274

**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:** Jimmy Lee BrownJr  
**External ID:** 1274  
**DOB:** 1970-01-23  
**Sex:** Male  
**S.S.:** 452-35-2055  
**Marital Status:** Single

**Address:** 3727 Malcolm X Blvd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Home Phone:** 214-434-8436  
**Street Address:** 3727 Malcolm X Blvd  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 07-22-2016.  
**Risk Factors:** Chronic Pain,Neuropathy,Seizures,Severe Migraine.  
**Additional Medical History:** Allergic Rhinitis Herniated back disc.

## Family History:

**Last Recorded On:** 07-22-2016.  
**Father:** Father had hypertension..  
**Mother:** Mother had hypertension, osteoarthritis, and asthma..  
**Offspring:** Patient has 2 children..

## Primary Family Med Conditions:

**Last Recorded On:** 07-22-2016.  
**Chronic Conditions:** Asthma,Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

## Social History:

**Last Recorded On:** 07-22-2016.  
**Tobacco:** Current every day smoker Smokes 12 cigarettes a day **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** Marijuana **Status:** Current  
**Nutrition History:** Regular diet..  
**Developmental History:** Good..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 07-22-2016.

**Insurance:**

**Superior Health Plan Texas (39188)**

**Priority :** Primary  
**Start Date :** 2012-08-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 524869902  
**Group Number :**  
**Employer Name :** Jimmy BrownJr

**Immunizations:**

**Jimmy Brown Jr: Chief Complaint**  
Patient Record Number:1274

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**Seen by** Sumana Ketha MD  
**Seen on** 05-April-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension, chronic pain, epilepsy, anxiety, thoracic lumbar neuropathy, asthma, osteoarthritis, migraine, tobacco use, allergic rhinitis, and abnormality of gait.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 46-year-old male in NAD with multiple chronic conditions of hypertension, osteoarthritis, chronic pain, epilepsy, and anxiety. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-04-05	115	78	0.00	0.00	98.20	18.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**Weight Loss/Gain:**

- No Weight Loss
- No Weight Gain
- No Change In Weight
- No Change In Appetite
- No Change In Energy
- No Change In Sleep
- No Change In Hydration
- No Change In Stool Mentation
- No Bleeding Gums
- No Boresness
- No Oral Cancers

**Physical Exam:**

**HEENT:**

ENT: Within Normal Limits .

**HEENT:**

ENT: Within Normal Limits .

**CV:**

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Carbamazepine ,200 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16	
Nexium ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2016-07-16	

NexIUM ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
Propranolol HCl ,40 MG TABS, TAKE 1 TABLET BY MOUTH TWICE PER DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2016-07-16
Propranolol HCl ,40 MG TABS, TAKE 1 TABLET BY MOUTH TWICE PER DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
CarBAMazepine ,200 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
Propranolol HCl ,40 MG TABS, TAKE 1 TABLET BY MOUTH TWICE PER DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08

## Plan Note:

### Plan Note Status:Finalized

1. Continue same treatment plan. 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.
2. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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 and family. Prognosis is fair and stable. No change in current medication since last visit.
3. Patient is asked to continue current medications for hypertension.
4. Chronic pain, is stable and asked to continue medications.
5. Continue current medications for epilepsy.
6. Patient is asked to continue on nebulizers for asthma.

Refilled medications are Hydrocodone/APA 10/325 mg, Nexium 40 mg daily, carbamazepine 200 mg bid, Montelukast 10 mg at HS, Phenytoin ex 100 mg t.i.d., and propranolol 40 mg b.i.d.

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** YES

**Is Home Health Care Needed:** NO

**Does Patient have reliable other Primary Care Physician:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** No skilled nursing needed.

**Signed by (NP):** 302

**Signed On (NP):** 2016-04-05 05:49

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-04-07 05:49

**Form\_status:** finalized

**Printed:** NO

