#### Isaac Zurita: Patient Information

Patient Record Number:5560

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: Isaac Zurita External ID: 5560 **DOB**: 1976-11-08 Sex: Male

Marital Status: Single

Patient Drive Folder: 0B0x\_tbqdBDPhRzdzV0ZGVVRYZVk

Address: 3200 S Lancaster Rd

City: Dallas State: Texas

Postal Code: 75216-4555

Country: USA

Street Address: 3200 S Lancaster Rd

# **Past Medical History:**

**Last Recorded On:** 01-26-2017. Risk Factors: Seizures.

# **Family History:**

Last Recorded On: 01-26-2017. Father: Father is alive and healthy.. Mother: Mother is alive and healthy..

Siblings: Patient has two brothers healthy and one sister died...

Offspring: Patient has no children and is single..

Other Family Relative: Grandfather has diabetes mellitus type 2..

# **Primary Family Med Conditions:**

Last Recorded On: 01-26-2017. Chronic Conditions: Diabetes.

# **Social History:**

Last Recorded On: 01-26-2017.

Tobacco: Smokes tobacco. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet.. Other History: Influenza in 2014.

### **Tests and Exams:**

Last Recorded On: 01-26-2017.

### Insurance:

# Superior Health Plan Texas (39188)

Priority: Primary Start Date: 2014-08-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Priority: Primary
Start Date: 2015-10-01 Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay : Insured ID Number : 632769847

Group Number : Employer Name : Isaac Zurita

Copay : Insured ID Number : 632769847

**Group Number:** 

Employer Name : Isaac Zurita

# **Immunizations:**

Isaac Zurita: Chief Complaint Patient Record Number:5560 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 16-December-2016

#### Chief Complaint Status: finalized

Follow up home visit for management of schizophrenia, hypertension, diabetes mellitus type 2, epilepsy, anxiety, insomnia, and obesity. Patient continues to complains of anxiety.

### **History of Present illness:**

#### **HPI Status:**Finalized

Patient is a 40-year-old Hispanic male in no acute distress with multiple chronic conditions including hypertension, diabetes mellitus type 2, insomnia, and anxiety. Patient complains that he has had severe anxiety for several days. Patient denies any other issues upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea/vomiting recently. Reviewed labs. Reviewed medications.

#### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-16	137	95	242.00	68.00	97.60	16.00	~	36.8	0.00

### **Review of Systems:**

#### Constitutional:

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# **Physical Exam:**

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Murmur, Rubs, Gallops-Within Normal Limits .

#### 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. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Education material was given to the patient. Reviewed labs.

- 1. Anxiety, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Diabetes mellitus 2 with neuropathy, continue current plan.
- 4. Epilepsy, continue current plan.
- 5. Insomnia, continue current plan.
- 6. Obesity, continue current plan and educate the patient regarding the importance of regular exercise for weight loss.
- 7. Schizophrenia, continue current plan.

No medication refills needed this visit.

### **Medical Problem:**

Description	Status	Start Date	End Date
Unspecified schizophrenia, chronic (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	

# **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:

 $\textbf{Primary Justification Medical Conditions:} \ diabetes, Epilepsy, HTN, Schizophrenia$ 

Additional Medical Conditions: Insomnia, Anxiety, Obesity

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 mental illness and inability to self medicate currently.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely

leave home alone. Signed by (NP): 16

Signed On (NP): 2016-12-16 03:47

Signed By (Physician): 18

Signed on (Physician): 2016-12-23 03:47

Form\_status: finalized

# **Procedure Order:**

Patient ID	5560	Order ID	1357
Patient Name	Zurita, Isaac	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Irdarad Braadura	Report				Results						
	ideled Flocedule	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
02	26: Pulse Oximetry	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98 %	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-12-23.

Printed on 28-Jan-2017 14:04:20 pm.