

Joshua Wade: Patient Information
Patient Record Number:5703

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: Joshua Wade
External ID: 5703
DOB: 1994-03-06
Sex: Male
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXQUs0eU02N3JOZ00>

Address: 3831 Mehalia Drive
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Emergency Contact: 469 348-1541
Mobile Phone: 469-233-1544
Street Address: 3831 Mehalia Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-12-2016.
Risk Factors: Insomnia.

Family History:

Last Recorded On: 10-12-2016.
Father: Father alive-unknown..
Mother: Mother alive-unknown..
Siblings: Siblings-unknown..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-12-2016.
Risk Factors: Unknown.

Social History:

Last Recorded On: 10-12-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 10-12-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2015-03-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 514647867
Group Number :
Employer Name : Joshua Wade
Copay :
Insured ID Number : 514647867
Group Number :
Employer Name : Joshua Wade
Copay :
Insured ID Number : 514647867
Group Number :
Employer Name : Joshua Wade

Immunizations:

Joshua Wade: Chief Complaint
Patient Record Number:5703

Texas Physician House Calls (H)

Seen by Sumana Ketha MD
Seen on 06-September-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of osteoarthritis with chronic pain, schizophrenia, depression, anxiety, and insomnia. Patient complains of pain in his legs and shoulders.

History of Present illness:

HPI Status:Finalized

An 22-year-old African-American male in NAD with multiple chronic conditions of osteoarthritis with chronic pain, chronic pain syndrome, depression, and insomnia. Patient states that he has been having pain in his legs and shoulders. Patient rates pain at 7/10. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-06	132	86	174.00	61.00	97.80	18.00	~	32.9	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

No

No. 11

Medicine Business

No ~~Excessive~~ Static Range Of Motion

No Significant Difference

No Browser Dependence

No Breeding Counts

No Boat Certification

No Enough Disorders

Physical Exam:

SUMMARY:[illegible]

EXTREMITIES:

DETERMINATION OF THE LIMITS OF THE LIMITS

CV:

Residuals Within No Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
RisperiDONE ,2 MG TABS, Take One Tablet By Mouth Daily, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-09-09	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

RisperiDONE ,2 MG TABS, Take One Tablet By Mouth Daily, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-20
Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-15
DiphenhydrAMINE HCl ,25 MG CAPS, TAKE 1 TO 2 CAPSULES AT BEDTIME, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05

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 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. Prognosis is fair and patient is stable. Medication adherence was given to the patient. Continue treatment as planned. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis w/chronic pain continue current plan.
2. Anxiety continue current plan
3. Insomnia continue current plan.
4. Chronic Pain Syndrome, continue current pain medication.
5. Schizophrenia, continue current plan.
6. Depression, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.
Risperidal 2 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-19	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) 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	
Schizophrenia (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	

Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active
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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

Primary Justification Medical Conditions: Depression,Schizophrenia

Additional Medical Conditions: Chronic Pain, Anxiety, Insomnia

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Certification Statement: Patient is homebound due to schizophrenia and other medical conditions.

Signed by (NP): 16

Signed On (NP): 2016-09-06 01:40

Signed By (Physician): 18

Signed on (Physician): 2016-09-13 01:40

Form_status: finalized

Procedure Order:

Patient ID	5703	Order ID	991
Patient Name	Wade, Joshua	Ordered By	Love-Jones, Derrick
Order Date	2016-10-12	Print Date	2016-10-12
Order Status	complete	Encounter Date	2016-10-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-12		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-13**.

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