Lonnie Brown: Patient Information
Patient Record Number:5764

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: Lonnie Brown
External ID: 5764
DOB: 1992-12-09
Sex: Male

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 01-07-2017.
Risk Factors: Insomnia.
Additional Medical History: Allergic Rhinitis.

Family History:

Last Recorded On: 01-07-2017.
Father: Father is alive and has unknown history..
Mother: Mother is alive and has DM and bipolar..
Siblings: Two siblings with unknown history..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 01-07-2017.
Chronic Conditions: Diabetes.
Mental Conditions: Bipolar Disorder.

Social History:

Last Recorded On: 01-07-2017.
Tobacco: Former smoker Stopped smoking two years ago **Status:** Quit
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 01-07-2017.

Insurance:

Advantage by Superior HealthPlan (68069)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Advantage by Superior HealthPlan (68069)

Copay :
Insured ID Number : 513286550
Group Number :
Employer Name : Lonnie Brown

Immunizations:

Lonnie Brown: Chief Complaint
Patient Record Number:5764

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

Seen by Sumana Ketha MD
Seen on 28-November-2016

Chief Complaint Status:finalized
Follow up home visit for management of asthma, allergic rhinitis, insomnia, schizophrenia and anxiety. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status: Finalized
Patient is a 24-year-old male in NAD with multiple chronic conditions of asthma, allergic rhinitis, insomnia, schizophrenia and anxiety. Patient states that he has been having trouble sleeping. Patient denies any other issues or complaints upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-28	119	77	170.00	67.00	97.40	16.00	~	26.6	0.00

Review of Systems:

Constitutional:
[illegible]:
No [illegible]ssion
No [illegible]reath
No [illegible]ness Of Urine
No [illegible]ppetite
No [illegible]owel
No [illegible]Range Of Motion
No [illegible]g Gums
No Dental Difficulties
No Use Of Dentures

Physical Exam:

[illegible]MITIES:
[illegible]enopathy-Within Normal Limits .
[illegible]:
[illegible] Limits .
CV:
[illegible]four quadrants-Within Normal Limits .

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. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Insomnia, continue current plan.
2. Asthma, continue current plan.

3. Anxiety, continue current plan.
4. Allergic rhinitis, continue current plan.
5. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-28	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-28	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-28	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-10-28	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-10-28	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-10-28	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-10-28	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-08-19	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No known drug allerigies 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:
Primary Justification Medical Conditions: Asthma,Schizophrenia
Additional Medical Conditions: Allergic rhinitis, anxiety, and insomnia.

Nursing Required: NO
Physical Therapy:
Occupational Therapy Required:
Speech-language Pathology Required:
Requested Care/Treatments Required:
Clinical Findings To Justify Home Health: SN needed due to intellectual disabilities and inability to self medicate currently.
Certification Statement: Patient is home bound due to intellectual disabilities. Patient experiences confusion and is unable to safely leave home alone.
Signed by (NP): 16
Signed On (NP): 2016-11-28 01:38
Signed By (Physician): 18
Signed on (Physician): 2016-12-05 01:39
Form_status: finalized

Procedure Order:

Patient ID	5764	Order ID	1259
Patient Name	Brown, Lonnie	Ordered By	Love-Jones, Derrick
Order Date	2017-01-07	Print Date	2017-01-07
Order Status	complete	Encounter Date	2017-01-07
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-07		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Sumana Ketha, MD** on **2016-12-05**.

Printed on 07-Jan-2017 22:15:51 pm.