Carrie Herod: Patient Information

Patient Record Number: 5946

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: Carrie Herod External ID: 5946 DOB: 1928-12-01 Sex: Female S.S.: 452-52-4397 **Patient Drive Folder:**

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3

UIFUWXM

Address: 3928 Kingsford Ave

City: Dallas State: Texas Postal Code: 75227 Country: USA

Guardian's Name: Serrial Pattrick **Emergency Phone:** 469-328-6558 Home Phone: 214-275-3990 Street Address: 3928 Kingsford Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-06-2016. Father: Father died of enlarged heart.. Mother: Mother died of unknown cancer..

Siblings: One brother died of unknown disease, one sister died of unknown cancer, and two sisters are alive...

Offspring: Patient has four boys and three girls..

Social History:

Last Recorded On: 10-06-2016.

Tobacco: Never smoker No smoking. Status: Never Coffee: Drinks one cup a day. Status: Current Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Counseling: **Exercise Patterns: Hazardous Activities:** Nutrition History: Regular. Developmental History: Well.

Other History: Pneumonia in 2015 (appointment)Denies flu shot.

Tests and Exams:

Last Recorded On: 10-06-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha. HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/18/2016 at Evolution Lab,

Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) & nbsp & nbsp & nbsp & nbsp Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1993-11-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

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

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Secondary Start Date: 2015-07-01 Relationship to Insured : Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Insured ID Number: 452524397A

Group Number:

Employer Name: Carrie Herod

Copay : Insured ID Number : 452524397A

Group Number:

Employer Name : Carrie Herod

Copay:

Insured ID Number: 507742107

Group Number:

Employer Name : Carrie Herod

Immunizations:

Carrie Herod: Chief Complaint

Patient Record Number: 5946

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Seen by Sumana Ketha MD Seen on 30-August-2016

Chief Complaint Status: finalized

Follow up home visit for management of chronic pain, hyperlipidemia, vitamin-d deficiency, hypertension, gastroesophageal reflux disease, depression, insomnia, diabetes mellitus type-2, osteoarthritis, depression, abnormal gait, debility, neuropathy, and iron anemia. Patient complains of pain in her knees.

History of Present illness:

HPI Status:Finalized

An 87-year-old female in NAD with multiple chronic conditions chronic pain, hyperlipidemia, vitamin-d deficiency, hypertension, gastroesophageal reflux disease, depression, insomnia, diabetes mellitus type-2, osteoarthritis, depression, abnormal gait, debility, neuropathy, and iron anemia. Patient complains of pain in both knees. Patient rates pain at 6/10, and is relieved with current pain medications. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-30	163	59	263.00	66.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

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No Distribution

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No Haarseness

No Osey@f Dentures

No Obstruction

Physical Exam:

Springs - January - Januar

BXTOREMITIES:

Supplies pink, Bilateral Nasal Turbinates-Within Normal Limits.

CYMPH:

Reference (120 armounts). Reference (120 arm

MUSC:

Struemouth-Rivitisin Gradunopost Withits Normal Limits.

ROM-Within Normal Limits .

Medication:

Description	Status Start Date	End Date

Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY,		
Quantity: 30, Refill Quantity: 2		
Unknown or N/A	Active	2016-09-05
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS		
DIRECTED, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-08-22
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 2	Active	2016-07-18
Unknown or N/A	Active	2010-07-16
by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
·		
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY,		
Quantity: 30, Refill Quantity: 0 Unknown or N/A	Active	2016-07-16
by Jones, Derrick - MJ3217331	7.0	2010 01 10
Texas Physician House Calls		
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Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-13
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY,		
Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-06-23
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE		
WEEKLY, Quantity: 12, Refill Quantity: 0		
Unknown or N/A	Active	2016-06-17
by ketha, Dr sumana - BK6230281		
DFW Primary Care PLLC		
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY,		
Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-06-16
by ketha, Dr sumana - BK6230281		
by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC		
DFW Primary Care PLLC TraMADol HCI ,50 MG TABS, TAKE ONE (1) TABLET BY MOUTH		
DFW Primary Care PLLC		
DFW Primary Care PLLC TraMADol HCI ,50 MG TABS, TAKE ONE (1) TABLET BY MOUTH TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A	Active	2016-06-16
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Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-03-15
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30,	-	
Refill Quantity: 0	Author	2010 20 21
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-03-04
Texas Physician House Calls		
TraZODone HCI ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT		
BEDTIME, Quantity: 30, Refill Quantity: 0	Antiva	2046-02-04
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-03-04
Texas Physician House Calls		
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30,		
Refill Quantity: 3 Unknown or N/A	Active	2016-03-02
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
TraZODone HCI ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT		
BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A	Active	2016-03-02
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Amitriptyline HCI ,75 MG TABS, TAKE 1 TABLET BY MOUTH EVERY		
NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3	Active	2015-12-31
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Atorvastatin Calcium ,10 MG TABS, TAKE ONE (1) TABLET BY		
MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A	Active	2015-12-31
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Amitriptyline HCI ,75 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Atorvastatin Calcium ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331		
Texas Physician House Calls Cabanaptin, 100 MC CARS, TAKE 1 CARSUI E AT REDTIME Quantity		
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity 30, Refill Quantity: 3		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 0		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 3		
Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
L · ·		

Omega-3-acid Ethyl Esters ,1 GM CAPS, 2 cap BID - liquid form, Quantity: 120, Refill Quantity: 0 Unknown or N/A Active 2015-08-03 by Jones, Derrick - MJ3217331 Texas Physician House Calls Omeprazole, 40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Active 2015-08-03 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls TraMADol HCI .50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 2015-08-03 Unknown or N/A Active by Jones, Derrick - MJ3217331 Texas Physician House Calls TraZODone HCI, 100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Active 2015-08-03 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A Active 2015-08-03 by Jones, Derrick - MJ3217331 Texas Physician House Calls

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 daily exercise as tolerated. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Diabetes mellitus type 2 with neuropathy, continue current plan.
- ${\bf 4.}~{\bf Gastroe sophage al}~{\bf reflux}~{\bf disease},~{\bf continue}~{\bf current}~{\bf plan}.$
- 5. Chronic pain syndrome, continue current pain medication.
- 6. Neuropathy, continue current plan.
- 7. Depression, continue current plan.
- 8. Debility, continue current plan.
- 9. Hyperlipidemia, continue current plan.
- 10. Iron anemia continue current plan.
- 11. Insomnia, continue current plan.
- 12. Vitamin D deficiency, continue current plan.
- 13. Abnormal gait, continue to monitor.

Medication refills as follows:

Tramadol 50 mg t.i.d. Amlodipine 10 mg q.d. Lisinopril 40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-10	
Complex regional pain syndrome I of other specified site			
(ICD10:G90.59 Complex regional pain syndrome I of other specified site) Unknown or N/A	Active	2015-10-10	

Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-10
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-05
Major depressive disorder, single episode, severe with psychotic features (ICD10:F32.3 Major depressive disorder, single episode, severe with psychotic features) Unknown or N/A	Active	2015-10-05
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-05
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-05
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05
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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01

Allergies:

	Description	Status	Start Date	End Date	
Penicillin.		Active			
Unknown or N/A		Active			

Surgeries:

Description	Status	Start Date	End Date
Knee surgery - 09/2014 Unknown or N/A	Active		
C-section 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: YES

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Bonyl Healhtcare Services, Inc.

Primary Justification Medical Conditions: Anemia, Depression, diabetes, hyperlipidemia, HTN

Additional Medical Conditions: Chronic pain, vitamin-d deficiency, GERD, insomnia, debility, neuropathy.

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to debility and inability to self medicate currently

Certification Statement: Patient is home bound due to debility. Patient is unable to ambulate for more than few minutes or few

feet without falling due to poor balance and extreme fatigue/weakness.

Signed by (NP): 16

Signed On (NP): 2016-08-30 04:09 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-06 04:09

Form_status: finalized

Procedure Order:

Patient ID	5946	Order ID	905
Patient Name	Herod, Carrie	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results									
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note			
026: Pulse Oximetry	2016-10-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%					



Electronically Signed by Sumana Ketha, MD on 2016-09-06.

Printed on 06-Oct-2016 15:35:44 pm.