

**Lonnie Brown: Patient Information**  
Patient Record Number:5764

**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:** 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:** 10-30-2016.  
**Risk Factors:** Insomnia.  
**Additional Medical History:** Allergic Rhinitis.

## Family History:

**Last Recorded On:** 10-30-2016.  
**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:** 10-30-2016.  
**Chronic Conditions:** Diabetes.  
**Mental Conditions:** Bipolar Disorder.

## Social History:

**Last Recorded On:** 10-30-2016.  
**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..

## Tests and Exams:

**Last Recorded On:** 10-30-2016.

## 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

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**Seen by** Sumana Ketha MD  
**Seen on** 23-September-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 and increased anxiety.

## History of Present illness:

**HPI Status:**Finalized

Patient is a 23-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 and he is having high anxiety. Patient denies any other 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
2016-09-23	130	75	163.00	67.00	98.20	16.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Weight Loss/Gain:**

No Weight Loss

No Weight Gain

No Change In Appetite

No Change In Energy

No Change In Sleep

No Change In Temperature

No Change In Gums

No Change In Oral

No Change In Dentures

## Physical Exam:

**HEENT:**

ENT: No abnormalities noted. No signs of sinusitis, rhinitis, or tonsillitis. No adenopathy. Within Normal Limits .

**HEENT:**

ENT: No abnormalities noted. No signs of sinusitis, rhinitis, or tonsillitis. No adenopathy. Within Normal Limits .

**CV:**

CV: No abnormalities noted. No signs of heart failure, arrhythmia, or valvular disease. 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.

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

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

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
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 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:**

**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):** 2016-09-23 03:07

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-28 03:07

**Form\_status:** finalized

## Procedure Order:

Patient ID	5764	Order ID	957
Patient Name	Brown, Lonnie	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

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