

Sandra Dunagin: Patient Information
Patient Record Number:3011

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: Sandra Dunagin
External ID: 3011
DOB: 1953-12-16
Sex: Female
S.S.: 526-07-8124
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhSG5vcXdqck5wdTQ

Address: 3229 Santiago Dr
City: Mesquite
State: Texas
Postal Code: 75150
Country: USA
Home Phone: 214-202-5526
Work Phone: 214-613-7081
Street Address: 3229 Santiago Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 02-03-2017.
Risk Factors: Chronic Pain,Dyspnea,Incontinence,Neuropathy.
Additional Medical History: Cough..

Family History:

Last Recorded On: 02-03-2017.
Father: Father died with prostate cancer..
Mother: Mother is alive with hypertension and diabetes..
Siblings: Sister with carcinoma cancer..
Offspring: Two children..

Primary Family Med Conditions:

Last Recorded On: 02-03-2017.
Chronic Conditions: Diabetes,Hypertension,Prostate Cancer.

Social History:

Last Recorded On: 02-03-2017.
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: Education level is 9th grade..

Tests and Exams:

Last Recorded On: 02-03-2017.

Mammogram (>40yrs, Yearly) N/A 2009

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 526078124
Group Number :
Employer Name : Sandra Dunagin

Immunizations:

Sandra Dunagin: Chief Complaint
Patient Record Number:3011

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Seen by Sumana Ketha MD
Seen on 07-December-2016

Chief Complaint Status:finalized

Followup home visit for management of osteoarthritis, chronic pain, depression, asthma, anxiety, arthritis, gastroesophageal reflux disease, cough, incontinence, and abnormal gait. Patient complains of foot pain.

History of Present illness:

HPI Status:Finalized

Patient is a 62-year-old Caucasian female with multiple chronic conditions of osteoarthritis, chronic pain, depression, gastroesophageal reflux disease, cough, incontinence, and abnormal gait. Patient complains of pain in her feet mostly today but also has pain in her knees which rated as 6/10 today. Patient denies any other issues or complain upon examination. No chest pains, headache or nausea/vomiting. Reviewed medications. Patient's lab values are tryglycerides 65, total cholesterol 154, HDL cholesterol 46, LDL cholesterol 95, alkaline phosphatase 106, bilirubin total 0.4, AST 13, ALT 14, protein total 7.3, albumin 3.4, globulin 3.9, creatinine 0.70, BUN 17, microalbumin 1.1, urine protein 9, urine creatinine 91.5, urine protein/creatinine ratio 100, hemoglobin A1C 5.7, hemoglobin 13.6, and body mass index 35.7.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-07	144	86	258.00	68.00	97.60	16.00	~	39.2	0.00

Review of Systems:

Constitutional:

General Appearance:

No weight loss YES

No fatigue YES

No change Of Motion YES

No fevers YES

No night sweats YES

No social difficulties

Physical Exam:

HEENT:

Head, Eyes, Ears, Nose, Throat, Neck, Lungs, Heart, Abdomen, Extremities, Skin, and Genitals - Within Normal Limits .

EXTREMITIES:

Extremities - Within Normal Limits .

CV:

Cardiovascular - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Baclofen ,20 MG TABS, TAKE 1 TABLET 4 TIMES DAILY, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-08	

NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED FOR SEVERE ANXIETY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-28
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
Lyrica ,25 MG CAPS, Take One Capsule By Mouth 3 Times Daily, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
Baclofen ,20 MG TABS, TAKE ONE TABLET 4 TIMES DAILY, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Colace ,100 MG CAPS, TAKE ONE CAPSULE TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication and here is education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. No labs need it this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. 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. Neuropathy, continue current plan.
2. Asthma, continue current plan
3. Depression, continue current plan.
4. Constipation, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.
7. Anxiety, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Depression, continue current plan.

10. Allergic rhinitis, continue current plan.
11. Urinary incontinence, continue current plan.
12. Abnormal gait, continue to monitor.

Medication refills as follows,

Lyrica 25 mg t.i.d.

SMZ/TMP DS q.d.

Norco 10/325 mg t.i.d.

Alprazolam 0.25 mg q.d.

Pro-Air INH.

Baclofen 20 mg bid

Nexium 40 mg q.d.

Doc-Q-Lace 100 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-07-20	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-20	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-16	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-18	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-18	
Osteoarthritis, 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	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) 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	
Cough (ICD10:R05 Cough) 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	
Osteoarthritis (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation Unknown or N/A	Active		
Hospitalized at DRS Hospital on 01/03/2014 for bronchitis Unknown or N/A	Active		
Triple Bypass Surgery Unknown or N/A	Active		
Gallbladder Surgery Unknown or N/A	Active		
Spinal Cord Injury 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

Primary Justification Medical Conditions: Depression, Mobility_Impairments

Additional Medical Conditions: Osteoarthritis, chronic pain, incontinence.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to mobility impairment and chronic pain and inability to self medicate

Certification Statement: Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-12-07 04:06

Signed By (Physician): 18

Signed on (Physician): 2016-12-14 04:06

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, site unspecified ordered manual wheelchair through Longhord Health Solutions (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Active		

Procedure Order:

Patient ID	3011	Order ID	1319
Patient Name	Dunagin, Sandra	Ordered By	Love-Jones, Derrick
Order Date	2017-02-04	Print Date	2017-02-04
Order Status	complete	Encounter Date	2017-02-04
Lab	.HH Agency	Specimen Type>	

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



Electronically Signed by **Sumana Ketha, MD** on **2016-12-14**.

