

Stephen Cornia: Patient Information
Patient Record Number:6295

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: Stephen G Cornia
External ID: 6295
DOB: 1990-02-26
Sex: Male
Marital Status: Single

Address: 3831 Mehalia Dr
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Emergency Contact: 469-348-1541
Home Phone: 214-331-7700
Street Address: 3831 Mehalia Dr

Family History:

Last Recorded On: 10-12-2016.
Father: Father is alive..
Mother: Mother is alive..
Siblings: One brother, alive..
Offspring: Denies..

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
Developmental History: Education level is 12th grade..
Other History: Immunizations, none..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 510013685
Group Number :
Employer Name : Stephen Cornia

Immunizations:

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Continue same treatment plan his previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence 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. Patient was encouraged to exercise daily as tolerated. Full set of labs of the following ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. 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.

1. Anxiety, continue current plan.
2. Epilepsy, continue current plan.
3. Bipolar, continue current plan.
4. Depression, continue current plan.
5. Schizophrenia, continue current plan.
6. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

Carbamazepine 200 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-09-06	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-06	

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: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia,Rheumatoid Arthritis_Osteoarthr,bipolar,Depression

Additional Medical Conditions: Epilepsy, Chronic Pain Syndrome

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness.

Certification Statement: Skilled nursing is needed due to mental illness and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-09-06 03:10

Signed By (Physician): 18

Signed on (Physician): 2016-09-13 03:10

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6295	Order ID	990
Patient Name	Cornia, Stephen G	Ordered By	Love-Jones, Derrick

Order Date	2016-10-12	Print Date	2016-10-12
Order Status	pending	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
007: CBC											



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

Printed on 12-Oct-2016 12:21:39 pm.