

Integris Home Health Care, LLC 2735 Villa Creek Parkway, Ste 142, Dallas, TX 75234 Phone: (972) 249-4999 Fax: (972) 468-6991						60-Day Summary/Case Conference		
Patient Name: Alsip, Jeromy		MRN: IHHC-127		DOB: 10/19/1983				
Episode/Period: 2/20/2015 – 4/20/2015		Physician: Ketha, Sumana Md		DNR: No				
Physician Phone: (972) 675-7317		Physician Fax: (972) 675-7310						
Homebound Status								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> N/A <input type="checkbox"/> Requires assistance of another to get up & moving safely <input type="checkbox"/> Unable to safely leave home unassisted <input type="checkbox"/> Unable to leave home due to medical restriction(s) </div> <div> <input checked="" type="checkbox"/> Exhibits considerable & taxing effort to leave home <input type="checkbox"/> Severe Dyspnea <input checked="" type="checkbox"/> Unsafe to leave due to cognitive/psychiatric impairments <input type="checkbox"/> Other _____ </div> </div>								
Patient Condition								
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Unstable <input type="checkbox"/> Declined </div>								
Service(s) Provided								
<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> SN <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input checked="" type="checkbox"/> MSW <input type="checkbox"/> HHA <input type="checkbox"/> Other _____ </div>								
Vital Sign Ranges								
	BPsys	BPdia	HR	Resp	Temp	Weight	BS	Pain
Lowest	130	79	94	18	97F	252.2	_____ 3	
Highest	157	90	118	20	98.4F	260	_____ 5	
Summary of Care Provided								
SUMMARY OF CARE PROVIDED INCLUDES SKILLED NURSING: HEAD TO TOE ASSESSMENTS, VITAL SIGN AND WEIGHT MEASUREMENT, ASSESSMENT OF PATIENT/CAREGIVER KNOWLEDGE LEVEL OF MENTAL STATUS, HEART RATE, BLOOD PRESSURE, PAIN LEVEL AND MOBILITY. THE PATIENT ALSO RECEIVED AN EVALUATION AND TREATMENT REGIMEN FOR LIMITED RANGE OF MOTION, PAIN, AND UNBALANCED GAIT. THE PATIENT ALSO HAD A MSW CONSULT TO EVALUATE RESOURCES FOR EYE AND DENTAL EXAM.								
Patient's Current Condition								
BLE TREMORS, UNCOOPERATIVE FOR THE COMPLETE ASSESSMENT, AND RECENTLY RELEASED FROM TIMBERLAWN MENTAL HOSPITAL.								
Goals								
GOALS INCLUDE REMAIN FREE FROM INJURY AND HOSPITAL ADMISSION. AS WELL AS RECEIVE PERMISSION FROM DR KETHA TO REFER PATIENT TO PSYCHIATRIC HOME HEALTH.								
Recomended Services								
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> HHA <div style="text-align: right;"> <input checked="" type="checkbox"/> Other PSYCHIATRIC HOME HEALTH </div> </div>								
Signature:						Date:		
Signature:						Date:		
Signature: Electronically Signed by: Monica Todd RN						Date: 4/13/2015		

60-Day Summary/Case Conference

DOB: 10/19/1983
DNR: No

Notifications

☒ Summary Sent to Physician

Sent By

Date Sent

04/13/2015

Signature:

Date:

Signature:

Date:

Signature:

Electronically Signed by: Monica Todd RN

Date:

4/13/2015