Joshua Wade: Patient Information

Patient Record Number:5703

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: Joshua Wade External ID: 5703 **DOB**: 1994-03-06 Sex: Male

Marital Status: Single

Patient Drive Folder: 0B0x\_tbqdBDPhc3ZneHlKY3pjenc

Address: 3831 Mehalia Drive

City: Dallas State: Texas Postal Code: 75241 Country: USA

Emergency Contact: 469 348-1541 Mobile Phone: 469-233-1544 Street Address: 3831 Mehalia Drive

Apt/Suite/Other: House

# **Past Medical History:**

Last Recorded On: 01-26-2017. Risk Factors: Insomnia.

# **Family History:**

Last Recorded On: 01-26-2017. Father: Father alive-unknown... Mother: Mother alive-unknown.. Siblings: Siblings-unknown.. Offspring: No children..

# **Primary Family Med Conditions:**

Last Recorded On: 01-26-2017. Risk Factors: Unknown.

# **Social History:**

Last Recorded On: 01-26-2017. Tobacco: No smoking. Status: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well.. Other History: Influenza in 2014..

### **Tests and Exams:**

Last Recorded On: 01-26-2017.

### Insurance:

### Molina Healthcare of Texas (Z1161)

Priority : Primary Start Date : 0000-00-00 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary
Start Date: 2015-03-01 Relationship to Insured: Self

Type: N/A
Payer: Molina Healthcare of Texas (Z1161)

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

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 514647867

Group Number :

Employer Name: Joshua Wade

Copay:

Insured ID Number: 514647867

**Group Number:** 

Employer Name : Joshua Wade

Copay: Insured ID Number: 514647867

Group Number :

Employer Name : Joshua Wade

### **Immunizations:**

Joshua Wade: Chief Complaint Patient Record Number:5703

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> Seen by Sumana Ketha MD Seen on 27-December-2016

#### Chief Complaint Status: finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of osteoarthritis with chronic pain, schizophrenia, depression, anxiety, and insomnia. Patient complains of pain on left side after a fall.

# **History of Present illness:**

### **HPI Status:**Finalized

A 22-year-old African-American male in no acute distress with multiple chronic conditions of osteoarthritis with chronic pain, chronic pain syndrome, depression, and insomnia. Patient states that he has been having pain on the left side of his body since having a recent fall. Patient rates pain at 6/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

#### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-27	132	76	140.00	61.00	97.80	16.00	~	26.4	0.00

# **Review of Systems:**

#### Constitutional:

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# **Physical Exam:**

#### RH-

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### MEMITIES:

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CV:

Resident With the Common Mile in the Line is a common of the common of t

Murmur, Rubs, Gallops-Within Normal Limits .

#### **Medication:**

Description	Status	Start Date	End Date	
RisperiDONE ,2 MG TABS, Take One Tablet By Mouth Daily, Quantity: 30, Refill Quantity: 2				
Unknown or N/A	Active	2016-11-28		
by Jones, Derrick - MJ3217331				
Texas Physician House Calls				

RisperiDONE ,2 MG TABS, Take One Tablet By Mouth Daily, Quantity: 30, Refill Quantity: 1 Unknown or N/A Active 2016-09-09 by Jones, Derrick - MJ3217331 Texas Physician House Calls RisperiDONE ,2 MG TABS, Take One Tablet By Mouth Daily, Quantity: 30, Refill Quantity: 0 Active 2016-07-20 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Norco, 10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 2016-03-15 Unknown or N/A Active by ketha, Dr sumana - BK6230281 Texas Physician House Calls DiphenhydrAMINE HCI ,25 MG CAPS, TAKE 1 TO 2 CAPSULES AT BEDTIME, Quantity: 60, Refill Quantity: 2 Active 2015-02-05 Unknown or N/A 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 continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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. 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.

Insomnia continue current plan
OA w/chronic pain continue current plan
Anxiety continue current plan
Depression continue current plan
Chronic Pain Syndrome continue current pain medication
Schizophrenia continue current plan

Medication refills as follows, Norco 10/325 mg t.i.d. Risperidal 2 mg q.d.

#### **Medical Problem:**

Description	Status	Start Date	End Date
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-19	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) 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	
Schizophrenia (ICD10:F20.9 Schizophrenia, unspecified) 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
Other chronic pain		
( ICD9:338.29 Other chronic pain)	Active	
Unknown or N/A		

# 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

**Primary Justification Medical Conditions:** Depression, Schizophrenia **Additional Medical Conditions:** Chronic Pain, Anxiety, Insomnia

Nursing Required: NO Physical Therapy: NO

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

Clinical Findings To Justify Home Health: No SN needed at this time.

Certification Statement: Patient is homebound due to schizophrenia and other medical conditions.

Signed by (NP): 16

**Signed On (NP):** 2016-12-27 01:32 **Signed By (Physician):** 18

Signed on (Physician): 2017-01-03 01:32

Form\_status: finalized

Printed on 28-Jan-2017 11:40:36 am.