

Nicole Birdow: Patient Information
Patient Record Number:6234

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: Nicole E Birdow
External ID: 6234
DOB: 1978-05-24
Sex: Female
S.S.: 457-59-3348
Patient Drive Folder: +12143717859-0714-112456-207

Address: 3200 S Lancaster
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Shonna
Mobile Phone: 214-743-0482
Street Address: 3200 S Lancaster

Family History:

Last Recorded On: 11-05-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 11-05-2016.
Tobacco: Current some day smoker Smokes one packet per day. **Status:** Current
Alcohol: Drinks alcohol. **Status:** Current
Recreational Drugs: Acid/Cocaine/Methyl **Status:** Current
Nutrition History: Regular diet..
Developmental History: Education level is 10th grade..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000022630
Group Number :
Employer Name : Nicole Birdow
Copay :
Insured ID Number : 504309897
Group Number :
Employer Name : Nicole Birdow

Immunizations:

Nicole Birdow: Chief Complaint
Patient Record Number:6234

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Seen by Sumana Ketha MD
Seen on 30-September-2016

Chief Complaint Status:finalized

Follow-up visit to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, asthma, depression, insomnia, urinary incontinence, and schizophrenia. Patient complains of shortness of breathe.

History of Present illness:

HPI Status:Finalized

A 38-year-old African-American female in NAD with multiple chronic conditions of the following hypertension with vascular complications, asthma, depression, insomnia, urinary incontinence, and schizophrenia. Patient complains of having shortness of breathe for several days. Patient is a smoker and has been educated on smoking cessation. Patient also states she has pain in her leg. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-30	118	76	280.00	66.00	98.20	16.00	~	45.2	0.00

Review of Systems:

Constitutional:

Weight 280.00 lbs
Appetite No Change
Energy No Change
Insomnia No Change
Depression No Change
Schizophrenia Psych Diagnosis YES
Diagnosis No Change
History No Change
Scene No Change
Sights No Change
Appetite No Change
Range Of Motion No Change

Physical Exam:

EXTREMITIES:

Extremities Within Normal Limits .

ENT:

ENT Within Normal Limits .

NEURO:

NEURO Within Normal Limits .

RESP:

RESP Within Normal Limits .

Respiratory Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as 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 encouraged to exercise daily as tolerated. No that's needed this visit. The patient verbalize understanding of the above planning office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Asthma continue current plan

Insomnia continue current plan
Depression continue current plan
Schizophrenia continue current plan
HTN w/vascular complications continue current plan
Urinary Incontinence 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	2016-09-30	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-22	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-07-22	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-07-22	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-07-22	

Allergies:

Description	Status	Start Date	End Date
Divalproex Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation. 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: Asthma,Depression,HTN,Intellectual Disabilities,Schizophrenia

Additional Medical Conditions: Insomnia

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to mental illness and they believe so.

Signed by (NP): 16

Signed On (NP): 2016-09-30 04:43

Signed By (Physician): 18

Signed on (Physician): 2016-10-07 04:43

Form_status: finalized

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