

Brandy Swimmer: Patient Information
Patient Record Number:3376

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: Brandy Swimmer

External ID: 3376

DOB: 1959-09-30

Sex: Female

S.S.: 352-58-3258

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXYVEzZ1F1cWZXQ1U>

Address: 3200 South Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Work Phone: 469-826-8013

Street Address: 3200 South Lancaster Rd

Past Medical History:

Last Recorded On: 09-30-2016.

Risk Factors: Insomnia.

Family History:

Last Recorded On: 09-30-2016.

Father: Father has heart-attack..

Mother: Mother with no illness..

Offspring: Two children..

Other Family Relative: No family history of cancer..

Primary Family Med Conditions:

Last Recorded On: 09-30-2016.

Chronic Conditions: Heart Failure.

Social History:

Last Recorded On: 09-30-2016.

Tobacco: Current every day smoker Smokes 2 cigarettes per day. **Status:** Current

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drugs. **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Tests and Exams:

Last Recorded On: 09-30-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2013-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 530645534
Group Number :
Employer Name : Brandy Swimmer

Immunizations:

Brandy Swimmer: Chief Complaint
Patient Record Number:3376

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Seen by Sumana Ketha MD
Seen on 22-July-2016

Chief Complaint Status:finalized

Follow up visit to prevent further decline chronic medical conditions of asthma, multiple sclerosis, manic depression, urinary incontinence, hypertension, insomnia, and chronic pain. Patient complaint of shortness of breath.

History of Present illness:

HPI Status:Finalized

Patient is a 56-year-old Caucasian female in NAD with multiple chronic conditions of the following, asthma, multiple sclerosis, manic depression, urinary incontinence, hypertension, insomnia, and chronic pain. Patient states that she was hospitalized for 4 days and received 4 units of blood. Patient states that she went to hospital because of severe SOB. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-22	145	76	210.00	63.00	97.40	22.00	~	0.0	0.00

Review of Systems:

Constitutional:

Perhitungan Nilai Akhir:

No ☒ **Yes**

No Effect On Fresh

Neurobiology of Disease

Not a Member? Join Now!

No Shrinkage Through Time

No Constipation

NO Constipation

Physical Exam:

EXTREMITIES:

Subgroup 1: Normal Distribution with Known Variance (Normal Limits)

BMASK:

Bilateral Nasal Turbinate Size-Within Normal Limits. Grafts pink, Bilateral Nasal Turbinates-Within Normal Limits.

NEURO:

BBP-Midbrain-Pink, Septal Midline: Within Normal Limits.

RESP:

References

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
DiphenhydramINE HCl, 50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 3	Active	2016-02-04	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. 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. No labs needed 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.

1. Asthma, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Epilepsy, continue current plan.
4. Insomnia, continue current plan.
5. Multiple sclerosis, continue current plan.
6. Urinary incontinence, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-21	
Unspecified asthma with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-21	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-21	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-21	
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Multiple sclerosis (ICD10:G35 Multiple sclerosis) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Need for prophylactic vaccination and inoculation against influenza (ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-01	
Urinary Incontinence (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-06-24	

Surgeries:

Description	Status	Start Date	End Date
Wrist and knee surgery. 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:

Primary Justification Medical Conditions: Asthma,Depression,HTN,Multiple_Sclerosis,Schizophrenia

Additional Medical Conditions: Chronic Pain, Insomnia, Urinary Incontinence

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to schizophrenia, manic-depression and the inability to self medicate.

Certification Statement: Patient needs skilled nursing due to schizophrenia, chronic pain and the inability to self medicate.

Signed by (NP): 16

Signed On (NP): 2016-07-22 07:30

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 07:30

Form_status: finalized

Procedure Order:

Patient ID	3376	Order ID	755
Patient Name	Swimmer, Brandy	Ordered By	Love-Jones, Derrick
Order Date	2016-09-30	Print Date	2016-09-30
Order Status	complete	Encounter Date	2016-09-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-30		Final ✓		0097	Pulse Oximetry	Yes		97% to 100%	96%	

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