

Justin Rylander: Patient Information
Patient Record Number:6004

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: Justin Rylander

External ID: 6004

DOB: 1979-09-15

Sex: Male

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCNTdQcjhvSmU5NDA

Address: 3200 S Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Street Address: 3200 S Lancaster Rd

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Superior Health Plan Texas (39188)

Copay :

Insured ID Number : 525442687

Group Number :

Employer Name : Justin Rylander

Immunizations:

Justin Rylander: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 23-October-2015

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline and chronic medical conditions. Patient complains of tooth abscess times one week with no relief but will be visiting the dentist in the coming week.

History of Present illness:

HPI Status:Finalized

An 36-year-old male in NAD with multiple chronic conditions of hypertension, anxiety, depression, and bipolar. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Patient has back spasms that are relieved with OTC medication.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2015-10-24	133	89	185.00	0.00	97.60	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain:

No Weight Loss
No Weight Gain
No Anorexia
No Polyphagia
No Polydipsia
No Nocturnal Sweats
No Insulin In Range Of Motion
No Anemia
No Bleeding Gums
No Bleeding
No Use Of Dentures

Physical Exam:

HEENT:

Head, Eyes, Ears, Nose, Throat, Neck, Lungs, Heart, Abdomen, Extremities, Skin, and Genitalia - Within Normal Limits .

RESPIRATORY:

Respiratory System - Within Normal Limits .

CV:

Cardiovascular System - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

; Notes: Continue same treatment plan. 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 180. 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 stable.

1. Continue current medications for hypertension.
2. Continue current medications for anxiety,

3. Continue current medications for depression.
4. Continue current medications for bipolar.
5. Continue current medications for schizophrenia.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar I disorder, single manic episode, unspecified (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31 Days

Current home health agency:

Primary Justification Medical Conditions: bipolar,Depression,HTN,Schizophrenia

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

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

Certification Statement:

Signed by (NP): Derrick Love-Jones

Signed By (Physician): Derrick Love-Jones

Form_status: finalized

Printed: NO

Printed on 11-Dec-2016 22:54:09 pm.