

Jimmy BrownJr: Patient Information
Patient Record Number:1274

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: Jimmy Lee BrownJr
External ID: 1274
DOB: 1970-01-23
Sex: Male
S.S.: 452-35-2055
Marital Status: Single

Address: 3727 Malcolm X Blvd
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Home Phone: 214-434-8436
Street Address: 3727 Malcolm X Blvd
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-22-2016.
Risk Factors: Chronic Pain,Neuropathy,Seizures,Severe Migraine.
Additional Medical History: Allergic Rhinitis Herniated back disc.

Family History:

Last Recorded On: 07-22-2016.
Father: Father had hypertension..
Mother: Mother had hypertension, osteoarthritis, and asthma..
Offspring: Patient has 2 children..

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.
Chronic Conditions: Asthma,Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 07-22-2016.
Tobacco: Current every day smoker Smokes 12 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: Marijuana **Status:** Current
Nutrition History: Regular diet..
Developmental History: Good..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary

Start Date : 2012-08-01

Relationship to Insured : Self

Type : N/A

Payer : Superior Health Plan Texas (39188)

Copay :

Insured ID Number : 524869902

Group Number :

Employer Name : Jimmy BrownJr

Immunizations:

Jimmy Brown Jr: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 01-March-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, chronic pain, epilepsy, anxiety, thoracic lumbar neuropathy, asthma, osteoarthritis, migraine, tobacco use, allergic rhinitis, and abnormality of gait.

History of Present illness:

HPI Status:Finalized

Patient is a 46-year-old male in NAD with multiple chronic conditions of hypertension, osteoarthritis, chronic pain, epilepsy, and anxiety. 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

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-03-01	138	90	147.00	64.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain:

No Weight Loss/Gain

No Change in Appetite

No Change in Energy

No Change in Sleep

No Change in Stomach

No Change in Gums

No Change in Skin

No Change in Teeth

Physical Exam:

HEENT:

Head: Within Normal Limits .

EYES:

Within Normal Limits .

CV:

Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. 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.
2. 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 and family. Prognosis is fair and stable. No change in current medication since last visit.
3. Patient is asked to continue current medications for hypertension.
4. Chronic pain, is stable and asked to continue medications.
5. Continue current medications for epilepsy.
6. Patient is asked to continue on nebulizers for asthma.

Refilled medications are Hydrocodone/APA 10/325 mg, Nexium 40 mg daily, carbamazepine 200 mg bid, Montelukast 10 mg at HS, Phenytoin ex 100 mg t.i.d., and propranolol 40 mg b.i.d.

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:

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 skilled nursing needed.

Certification Statement:

Signed by (NP): Darolyn Perkins

Signed On (NP): 2016-03-01 06:59

Signed By (Physician): Darolyn Perkins

Signed on (Physician): 2016-03-07 06:59

Form_status: finalized

Printed: NO

Printed on 24-Sep-2016 11:09:20 am.