

Cecelia Nwankwo: Patient Information
Patient Record Number:5847

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: Ms. Cecelia Nwankwo
External ID: 5847
DOB: 1961-11-14
Sex: Female
Marital Status: Divorced

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 12-07-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 12-07-2016.
Tobacco: Former smoker No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Good.

Insurance:

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)

Copay :
Insured ID Number : 510311224
Group Number :
Employer Name : Cecelia Nwankwo

Immunizations:

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Description	Status	Start Date	End Date
<p>Triamcinolone Acetonide ,0.1 % CREA, Apply to chest BID, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-03-11	

Diclofenac Sodium ,50 MG TBEC, 1 TAB PO BID with food, Quantity: 60, Refill Quantity: 3

Unknown or N/A

Active

2015-06-05

by ketha, Dr sumana - BK6230281

Sumana Ketha MDPA

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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed this visit. 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.

OA w/chronic pain continue current plan

Anxiety continue current plan

HLD continue current plan

Chronic Pain Syndrome continue current pain medication

Bipolar continue current plan

Depression continue current plan

Schizophrenia continue current plan

Medication refills as follows:

Norco 10/325mg tid

Medical Problem:

Description	Status	Start Date	End Date
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, 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	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
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No known drug allergies.
Unknown or N/A

Active

Surgeries:

Description	Status	Start Date	End Date
Wrist surgery in 1991 (MVA) Unknown or N/A	Active		
Tubal ligation in 2001 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: NO

Next Visit Duration (in days): 31

Current home health agency:

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

Additional Medical Conditions: Chronic Pain,

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: Skilled nursing needed due to mental illness and inability to self medicate correctly.

Certification Statement: Patient is homebound and skilled nursing is required due to pain medication and mental illness and the inability to self medicate correctly

Signed by (NP): 16

Signed On (NP): 2016-11-04 02:41

Signed By (Physician): 18

Signed on (Physician): 2016-11-11 02:41

Form_status: finalized

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