Aaron Nealey: Patient Information
Patient Record Number:5674

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: Mr. Aaron Nealey
External ID: 5674
DOB: 1985-10-25
Sex: Male
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhTkJMVFE1OUZoblE

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216-4555
Country: USA
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 01-26-2017.
Risk Factors: Insomnia.

Family History:

Last Recorded On: 01-26-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-26-2017.
Tobacco: Current every day smoker Smokes marijuana **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular diet..
Developmental History: Good..
Other History: Patient lives in group home..

Tests and Exams:

Last Recorded On: 01-26-2017.
CBC Complete Blood Count (3 months)   Abnormal   Done on 10/02/2014 at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha
CMP Comprehensive Metabolic Panel (3 months)   Abnormal   Done on 10/02/2014 at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha
LIPIDS (once year unless chol meds)   Abnormal   Done on 10/02/2014 at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2012-12-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 506508673
Group Number :
Employer Name : Aaron Nealey

Immunizations:

Aaron Nealey: Chief Complaint Patient Record Number:5674	**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

Seen by Sumana Ketha MD
Seen on 09-December-2016

Chief Complaint Status:finalized
Follow up home visit for management of anxiety, depression, schizophrenia, insomnia, and tobacco use. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status: Finalized
A 31-year-old African-American male in no acute distress with multiple chronic conditions of insomnia, anxiety, depression, and schizophrenia. Patient states he has not been been able to stay asleep at night. Patient denies any new issues upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-09	114	63	130.00	72.00	97.60	16.00	~	17.6	0.00

Review of Systems:

Constitutional:
[illegible] Throat:
[illegible] YES
[illegible] YES
[illegible] Nature Of Urine
No [illegible] Range Of Motion
No [illegible] Appetite
Use Of Antideprassants YES
No [illegible]
No [illegible]
No Use Of Dentures

Physical Exam:

[illegible]:
[illegible] Nasal Turbinates-Within Normal Limits .
[illegible]:
[illegible] Limits .
[illegible]:
[illegible]-Within Normal Limits .
MUSC:
[illegible]-Within Normal Limits .

ROM-Within Normal Limits .

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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. No labs needed at 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Anxiety, continue current plan.
2. Depression, continue current plan.
3. Insomnia, continue current plan.
4. Schizophrenia, continue current plan.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-02	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-02	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-02	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-02	
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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 schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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: Depression,Schizophrenia
Additional Medical Conditions:
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: SN needed due to mental illness and inability to self medicate currently.
Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.
Signed by (NP): 16
Signed On (NP): 2016-12-09 01:22
Signed By (Physician): 18
Signed on (Physician): 2016-12-16 01:22
Form_status: finalized

Procedure Order:

Patient ID	5674	Order ID	1332
Patient Name	Nealey, Aaron	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Sumana Ketha, MD** on **2016-12-16**.

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