

Patrese Pope: Patient Information
Patient Record Number:5717

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: Patrese Pope
External ID: 5717
DOB: 1970-08-14
Sex: Female
User Defined: 972-946-9461
Patient Drive Folder: 0B0x_tbqdBDPhRIIqejNtSFipWIE

Address: 2521 Limestone Ln
City: Garland
State: Texas
Postal Code: 75040
Country: USA
Emergency Phone: 469-508-5753
Mobile Phone: 469-508-5753
Street Address: 2521 Limestone Ln
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-21-2017.
Risk Factors: Neuropathy.

Family History:

Last Recorded On: 01-21-2017.
Father: Father died of unknown disease..
Mother: Mother is alive, has DM2..
Siblings: One brother and two sisters with HTN and DM2..
Offspring: Two boys with and one girl. One boy has diabetes mellitus and other two are healthy..

Primary Family Med Conditions:

Last Recorded On: 01-21-2017.
Chronic Conditions: Diabetes,Hypertension.

Social History:

Last Recorded On: 01-21-2017.
Tobacco: Current every day smoker Smokes 1/2 pack per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 01-21-2017.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2011-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-09-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 461416107A
Group Number :
Employer Name : Patrese Pope
Copay :
Insured ID Number : 500000046383
Group Number :
Employer Name : Patrese Pope
Copay :
Insured ID Number : 530540667
Group Number :
Employer Name :

Immunizations:

Patrese Pope: Chief Complaint
Patient Record Number:5717

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Seen by Sumana Ketha MD
Seen on 20-October-2016

Chief Complaint Status:finalized

Follow up home visit prevent further decline of chronic conditions of the following hypertension, diabetes mellitus type 2, depression, chronic pain, anxiety, and lumbago. Patient continues to complain of back and neck pain.

History of Present illness:

HPI Status:Finalized

A 46-year-old African American female with multiple chronic conditions of hypertension, diabetes mellitus type 2, and depression. Patient denies any new issues upon examination. Patient denies any new pain at this time and complains of back and neck pain and rates it as 7/10. Patient states she does get relief from current pain medication. Patient denies any hypoglycemia and foot check revealed no major issues. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-20	156	89	195.00	63.00	98.20	16.00	~	34.5	0.00

Review of Systems:

Constitutional:

Blackburn City Council @Tainqat:

~~Niederlande~~ / IS\$081

[illegible]

Non-Bacterial Prostatitis of Urine

No ~~Other~~ ~~Work~~ ~~to~~ ~~Be~~ ~~Done~~ ~~on~~ ~~the~~ ~~Site~~

Most Superfund Sites Have No Significant Risks

No Elasticity in Demand for Motion

No Bleeding Counters

No Observations

No Dental Difficulties

No Use Of Dentures

Physical Exam:

REMARKS:

[illegible]

EXTREMITIES:

[illegible]

CV:

Reference Values/Normal Limits:-Within Normal Limits .

RESP:

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
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MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-25
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-25
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-25
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Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-17
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-17
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MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05

BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
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Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
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Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medications and discussed with the patient. No new medications noted this visit. Patient educated on the benefits of low salt, low-fat, low cholesterol diet current medical condition. 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. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Lumbago with sciatica, continue current plan.
6. Depression, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.
Metformin 1000 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-10-20	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-14	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-05-05	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-05	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-05	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-03-29	
Panniculitis affecting regions of neck and back, site unspecified (ICD10:M54.00 Panniculitis affecting regions of neck and back, site unspecified) Unknown or N/A	Active	2016-02-16	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	

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: NO

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,diabetes,HTN,hyperlipidemia,Schizophrenia

Additional Medical Conditions: Anxiety, bipolar, neuropathy, and chronic pain.

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: Patient is home bound due to chronic pain and schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-10-20 03:49

Signed By (Physician): 18

Signed on (Physician): 2016-10-27 03:49

Form_status: finalized

Procedure Order:

Patient ID	5717	Order ID	1226
Patient Name	Pope, Patrese	Ordered By	Love-Jones, Derrick
Order Date	2017-01-22	Print Date	2017-01-22
Order Status	complete	Encounter Date	2017-01-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-22		✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-10-27**.

Printed on 22-Jan-2017 16:23:46 pm.