Christopher Andrews: Patient Information
Patient Record Number:5777

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: Christopher Andrews
External ID: 5777
DOB: 1978-04-04
Sex: Male
S.S.: 451-45-9447
Marital Status: Single
User Defined: 214-388-7505
genericval1: 304-730-8868

Address: 2902 S Buckner Blvd, Street 300
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Home Phone: 214-388-7505
Mobile Phone: 214-240-3868
Street Address: 2902 S Buckner Blvd, Street 300
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-06-2016.
Risk Factors: Insomnia,Seizures.

Family History:

Last Recorded On: 10-06-2016.
Father: Father is died..
Mother: Mother is alive..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-06-2016.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Tests and Exams:

Last Recorded On: 10-06-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 283872102
Group Number :
Employer Name : Christopher Andrews

Immunizations:

Christopher Andrews: Chief Complaint Patient Record Number:5777	**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 10-August-2016

Chief Complaint Status:finalized
Followup home visit for management of mental retardation, hyperlipidemia, insomnia, and seizures. Patient complains of boil on buttocks.

History of Present illness:

HPI Status: Finalized
A 38-year-old AA male in NAD with chronic condition of hyperlipidemia, mental retardation, epilepsy and insomnia. Patient states that he has a boil on his buttocks that was I&D at the hospital. Patient denies any pain at this time. Patient denies any other issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-10	125	81	192.00	66.00	97.60	18.00	~	0.0	0.00

Review of Systems:

Constitutional:
[illegible]:
No [illegible]
No [illegible]
[illegible] Of Urine
No [illegible] Range Of Motion
No [illegible]
No [illegible]
No [illegible]
No [illegible]
No Use Of Dentures

Physical Exam:

[illegible]:
[illegible] -Within Normal Limits .
[illegible]:
[illegible] Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .
[illegible]:
[illegible] -Within Normal Limits .
[illegible]:
[illegible] -Within Normal Limits .
BACK:
[illegible] -Within Normal Limits .
CV:
RRR-Within Normal Limits .
RESP:
Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .
GI:
Ogrganomegoly-Within Normal Limits .

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

Plan Note:

Plan Note Status: Finalized
Continue same treatment plan for other diagnosis. 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 to exercise daily. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Skin abscess, continue current plan.
2. Epilepsy, continue current plan.
3. Insomnia, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Mental retardation, continue to monitor.

Medication refills as follows:

Carbamazepine.

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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: YES
Does Patient have reliable other Primary Care Physician: YES
Is House Visit Needed: YES
Next Visit Duration (in days): 31
Primary Justification Medical Conditions: hyperlipidemia,Schizophrenia
Additional Medical Conditions: Epilepsy, Insomnia, Mental Retardation
Nursing Required: YES
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Clinical Findings To Justify Home Health: SN needed due to mental retardation and inability to self medicate currently.
Certification Statement: Patient is home bound due to mental retardation. Patient cannot be left unattended due to wondering behaviors and extremely poor cognition.
Signed by (NP): 16
Signed On (NP): 2016-08-10 07:53
Signed By (Physician): 18
Signed on (Physician): 2016-08-16 07:53
Form_status: finalized

Procedure Order:

Patient ID	5777	Order ID	814
Patient Name	Andrews, Christopher	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Sumana Ketha, MD** on **2016-08-17**.

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