

Maurice Smith: Patient Information
Patient Record Number:1994

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: Maurice Smith
External ID: 1994
DOB: 1939-08-16
Sex: Male
S.S.: 454-60-6271
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NmNJcUZ1WHNXUGM>

Address: 3550 East Overton Rd #2243, Bldng #4
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: Mary (Call To This # Only For Confirmation)
Emergency Phone: 214-779-1404
Home Phone: 214-337-0984
Mobile Phone: 214-861-8777
Street Address: 3550 East Overton Rd
Apt/Suite/Other: Apt #2243, Bldng #4

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Incontinence.
Additional Medical History: DM2.

Family History:

Last Recorded On: 07-14-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.
Spouse: Unknown.
Offspring: Unknown.
Other Family Relative: Unknown.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker Smokes daily. **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: regular diet..

Tests and Exams:

Last Recorded On: 07-14-2016.
TSH Thyroid-Stimulating Hormone (every year) Abnormal Done on 02/06/2014 by MetroStat
Diagnostics ordered by SumanaKetha.
CBC Complete Blood Count (3 months) Abnormal Done on 02/06/2014 by MetroStat
Diagnostics ordered by SumanaKetha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/06/2014 by MetroStat
Diagnostics ordered by SumanaKetha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary	Copay :
Start Date : 2010-01-01	Insured ID Number : 454606271M
Relationship to Insured : Self	Group Number :
Type : N/A	Employer Name : Maurice Smith
Payer : Medicare B Texas (SMTX0)	Copay :
Priority : Primary	Insured ID Number : 514572873
Start Date : 2015-00-01	Group Number :
Relationship to Insured : Self	Employer Name : Maurice Smith
Type : N/A	Copay :
Payer : Superior Health Plan Texas (39188)	Insured ID Number : C0008687801
Priority : Primary	Group Number :
Start Date : 2015-06-01	Employer Name : Maurice Smith
Relationship to Insured : Self	Copay :
Type : N/A	Insured ID Number : 514572873
Payer : Advantage by Superior HealthPlan (68069)	Group Number :
Priority : Secondary	Employer Name : Maurice Smith
Start Date : 2011-12-02	Copay :
Relationship to Insured : Self	Insured ID Number : 514572873
Type : N/A	Group Number :
Payer : Superior Health Plan Texas (39188)	Employer Name : Maurice Smith
Priority : Secondary	Copay :
Start Date : 2015-06-01	Insured ID Number : 514572873
Relationship to Insured : Self	Group Number :
Type : N/A	Employer Name : Maurice Smith
Payer : Superior Health Plan Texas (39188)	

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Contact dermatitis and other eczema due to detergents (ICD9:692.0 Contact dermatitis and other eczema due to detergents) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Senile dementia, uncomplicated (ICD9:290.0 Senile dementia, uncomplicated) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Iron deficiency anemia secondary to blood loss (chronic) (ICD9:280.0 Iron deficiency anemia secondary to blood loss (chronic)) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled (ICD9:250.01 Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Periapical abscess without sinus (ICD9:522.5 Periapical abscess without sinus) Unknown or N/A	Inactive	2015-03-16	2015-09-30

Contact dermatitis and other eczema due to other specified agents (ICD9:692.89 Contact dermatitis and other eczema due to other specified agents) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Iron deficiency anemia, unspecified (ICD9:280.9 Iron deficiency anemia, unspecified) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Osteoarthritis, generalized, site unspecified (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Inactive	2015-02-11	2015-09-30
Simple type schizophrenia, unspecified (ICD9:295.00 Simple type schizophrenia, unspecified) Unknown or N/A	Inactive	2015-02-11	2015-09-30

DME:

Description	Status	Start Date	End Date
Diabetic Testing Supplies (ICD9:250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled) Unknown or N/A 2015-07-02 by Dr. Sumana Ketha	Inactive	2015-07-02	2015-09-30
Adult size pull on SM (ICD9:401.1 Benign essential hypertension) (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A 2013-11-08 by Dr. Sumana Ketha	Inactive	2013-11-08	2015-09-30

Maurice Smith: Chief Complaint
Patient Record Number:1994

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Seen by Sumana Ketha MD
Seen on 21-July-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, allergic rhinitis, diabetes mellitus, schizophrenia, depression, neuropathy, dementia, osteoarthritis, chronic pain syndrome, and urinary incontinence. Patient need toenails clipped.

History of Present illness:

HPI Status:Finalized

A 76-year-old male in no acute distress with multiple chronic conditions of hypertension, allergic rhinitis, diabetes mellitus type 2, schizophrenia, and depression. Patient states that his toenails are very long and need clipping. Patient denies any other issues or complaints upon examination. Patient denies any hypoglycemia and foot check revealed no issues.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-21	110	68	130.00	71.00	98.00	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

No Weight Loss
No Fever
No Chills
No Night Sweats
No Anorexia
No Nausea
No Vomiting
No Diarrhea
No Constipation
No Abdominal Pain
No Hemorrhoids
No Hematuria
No Hemoptysis
No Nocturia
No Polyuria
No Polydipsia
No Dry Mouth
No Sore Throat
No Hoarseness
No Cough
No Wheezing
No Shortness of Breath
No Chest Pain
No Palpitations
No Dizziness
No Syncope
No Headaches
No Tinnitus
No Blurred Vision
No Double Vision
No Hearing Loss
No Tinnitus
No Ringing in Ears
No Itching
No Rash
No Swelling
No Pain
No Bruising
No Bleeding
No Wounds
No Ulcers
No Sores
No Scabs
No Crusts
No Pus
No Discharge
No Odor
No Discoloration
No Deformity
No Pain
No Itching
No Swelling
No Bruising
No Bleeding
No Wounds
No Ulcers
No Sores
No Scabs
No Crusts
No Pus
No Discharge
No Odor
No Discoloration
No Deformity

Physical Exam:

HEENT:
Eyes: No conjunctival injection, no discharge, pupils equal and reactive to light and accommodation. Visual fields within normal limits.
Ears: No tenderness, no discharge, no hearing loss.
Nose: No tenderness, no discharge, no septal deviation.
Throat: No tenderness, no discharge, no tonsillitis.
HEENT:
Eyes: No conjunctival injection, no discharge, pupils equal and reactive to light and accommodation. Visual fields within normal limits.
Ears: No tenderness, no discharge, no hearing loss.
Nose: No tenderness, no discharge, no septal deviation.
Throat: No tenderness, no discharge, no tonsillitis.
HEENT:
Eyes: No conjunctival injection, no discharge, pupils equal and reactive to light and accommodation. Visual fields within normal limits.
Ears: No tenderness, no discharge, no hearing loss.
Nose: No tenderness, no discharge, no septal deviation.
Throat: No tenderness, no discharge, no tonsillitis.
HEENT:
Eyes: No conjunctival injection, no discharge, pupils equal and reactive to light and accommodation. Visual fields within normal limits.
Ears: No tenderness, no discharge, no hearing loss.
Nose: No tenderness, no discharge, no septal deviation.
Throat: No tenderness, no discharge, no tonsillitis.

Medication:

Description	Status	Start Date	End Date
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-07	

FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-30
Donepezil HCl ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18
Haloperidol ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18
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 Sumana Ketha MDPA	Active	2015-05-13
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-13
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-04

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. 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. Patient encouraged to exercise daily. No labs need it this visit. The patient verbalized understanding of the above planet was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Diabetes mellitus type 2 with neuropathy continue current plan.
3. Dementia, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Allergic rhinitis, continue current plan.
6. Insomnia, continue current plan.
7. Schizophrenia, continue current plan.
8. Depression, continue current plan.
9. Iron anemia, continue current plan.
10. Urinary incontinence, continue current plan.

No medication refills.

Medical Problem:

Description	Status	Start Date	End Date
Simple type schizophrenia, chronic (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	

Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Malignant hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
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
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified 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
Contact dermatitis and other eczema, unspecified cause (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) 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
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema due to detergents (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-10-01
Senile dementia, uncomplicated (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia secondary to blood loss (chronic) (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled (ICD10:E10.9 Type 1 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01

Periapical abscess without sinus (ICD10:K04.7 Periapical abscess without sinus) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema due to other specified agents (ICD10:L25.8 Unspecified contact dermatitis due to other agents) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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: Senai Home Health

Primary Justification Medical Conditions: Schizophrenia, HTN, diabetes, Depression

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: Patient needs assistance with ADLs. Patient requires closely monitoring for vital signs, DFS check, and medication administration.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 302

Signed On (NP):

Signed By (Physician):

Signed on (Physician):

Form_status: finalized

Printed:

DME:

Description	Status	Start Date	End Date
Adult size pull on SM (ICD10:I10 Essential (primary) hypertension) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Adult size pull on SM (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Diabetic Testing Supplies (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	