

Davian Tankersley: Patient Information
Patient Record Number:5670

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: Mr. Davian Tankersley
External ID: 5670
DOB: 1963-05-23
Sex: Male
S.S.: 438-51-4616
Marital Status: Single

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 214-354-6675
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 11-20-2016.
Father: Father died of brain cancer..
Mother: Mother is alive with diabetes mellitus type 2 and hypertension..
Siblings: One sister and two brothers..
Offspring: One girl..

Social History:

Last Recorded On: 11-20-2016.
Tobacco: Current some day smoker Smokes 1/2 pack per day. **Status:** Current
Alcohol: Drinks socially. **Status:** Current
Recreational Drugs: Cocaine. **Status:** Current
Nutrition History: Regular..
Developmental History: Education level is 10th grade..
Other History: Immunizations none..

Tests and Exams:

Last Recorded On: 11-20-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 508875848
Group Number :
Employer Name : Davian Tankersley

Immunizations:

Davian Tankersley: Chief Complaint
Patient Record Number:5670

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Seen by Sumana Ketha MD
Seen on 14-October-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of schizophrenia, depression, anxiety, insomnia, muscle spasms, lumbago, and chronic pain syndrome. Patient complains of low back pain.

History of Present illness:

HPI Status:Finalized

A 53-year-old African-American male in NAD With multiple chronic conditions of the following schizophrenia, depression, anxiety, insomnia, muscle spasms, lumbago, and chronic pain syndrome. Patient states that for some time he has had low back pain. Patient denies any trauma to back. Patient states back pain rated at 6/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-14	129	92	142.00	64.00	97.80	16.00	~	24.4	0.00

Review of Systems:

Constitutional:

Weight: Stable

No Weight Loss

No Night Sweats

No Fever

No Chills

No Fatigue

No Anorexia

No Constipation

Physical Exam:

HEENT:

Headache, Neck Stiffness, Nausea, Vomiting, Diarrhea, Constipation, Abdominal Pain, Normal Limits .

HEENT:

Headache, Neck Stiffness, Nausea, Vomiting, Diarrhea, Constipation, Abdominal Pain, Normal Limits .

ENT:

Headache, Neck Stiffness, Nausea, Vomiting, Diarrhea, Constipation, Abdominal Pain, Normal Limits .

RESP:

Headache, Neck Stiffness, Nausea, Vomiting, Diarrhea, Constipation, Abdominal Pain, Normal Limits .

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

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 yourself, low-fat, low cholesterol diet his 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 as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan and was given enough is enough or any questions you have service. Prognosis is fair and patient is stable. Education material was given to the patient. Reviewed labs.

1. Muscle Spasms continue current plan.

2. Lumbago w/chronic pain continue current plan.
3. Insomnia, continue current plan.
4. Anxiety, continue current plan.
5. Depression, continue current plan.
6. Schizophrenia, continue current plan.
7. Chronic pain syndrome, continue current pain medication.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-19	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-19	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-08-19	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-19	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
Abilify. 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: We care daycare

Primary Justification Medical Conditions: Rheumatoid Arthritis_Osteoarthr,Schizophrenia

Additional Medical Conditions: Depression, Anxiety, Lumbago, Insomnia and Muscle Spasms

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness.

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

Signed by (NP): 16

Signed On (NP): 2016-10-14 03:09

Signed By (Physician): 18

Signed on (Physician): 2016-10-21 03:09

Form_status: finalized