James Fleming: Patient Information

Patient Record Number:6366

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: James R Fleming External ID: 6366 **DOB:** 1976-01-31 Sex: Male **S.S.**: 645-03-3600

Patient Drive Folder: 0B0x_tbqdBDPhMXZNcDZ6Ui14Tjg

Address: 3200 S Lancaster

City: Dallas State: Texas Postal Code: 75216 Country: USA

Emergency Phone: 214-293-2625 Home Phone: 214-371-7331 Mobile Phone: 972-228-2553 Street Address: 3200 S Lancaster

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary **Start Date**: 2016-11-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number : 521613475

Group Number:

Employer Name: James Fleming

Immunizations:

James Fleming: Chief Complaint Patient Record Number:6366 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 16-December-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions like anxiety, schizophrenia, hyperlipidemia, depression, hypertension, and insomnia. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status:Finalized

A 40-year-old African-American patient in no acute distress with multiple chronic conditions of anxiety, schizophrenia, hyperlipidemia, depression, hypertension, and insomnia. Patient states that he has not been able to sleep through the night. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-16	106	70	0.00	72.00	97.80	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Ms Chiala Made ghts

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No Diserrole Dentures

No Constipation

Physical Exam:

SEEEEMITIES:

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NEURO:

เลองและเพลาะ Manage Max. Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

RESCH.

Nongra:CATABAt/VittrigeNormainLimitsod, Alert and Oriented X3-Within Normal Limits.

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Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous provider. 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 as tolerated. Full set of labs ordered. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Insomnia, continue current plan.
- 2. Anxiety, continue current plan.

- 3. Hyperlipidemia, continue current plan.
- 4. Depression, continue current plan.
- 5. Hypertension with vascular complications, continue current plan.
- 6. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-12-16	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-12-16	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-12-16	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-12-16	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-12-16	

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: Schizophrenia, HTN, Epilepsy, Depression

Additional Medical Conditions: Insomnia

Nursing Required: YES Physical Therapy:

Occupational Therapy Required: Speech-language Pathology Required: Requested Care/Treatments Required:

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

Certification Statement: Skilled nursing is needed due to mental illness.

Signed by (NP): 16

Signed On (NP): 2016-12-16 04:19 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-23 04:19

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6366	Order ID	1500
Patient Name	Fleming, James R	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 2016-12-23.

Printed on 28-Jan-2017 13:54:07 pm.