

**Adrian Taylor: Patient Information**  
Patient Record Number:1298

**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:** Adrian Taylor  
**External ID:** 1298  
**DOB:** 1982-09-26  
**Sex:** Male  
**S.S.:** 457-65-6231  
**Marital Status:** Single  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5RmdFeFc5OVZRRGc>

**Address:** 7310 Marvin D love fwy #814  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75237  
**Country:** USA  
**Guardian's Name:** nephew  
**Emergency Contact:** Nephew  
**Home Phone:** 214-927-3700  
**Work Phone:** 214-414-5740  
**Street Address:** 7310 Marvin D love fwy  
**Apt/Suite/Other:** 814

## Past Medical History:

**Last Recorded On:** 10-01-2016.  
**Risk Factors:** Seizures.

## Family History:

**Last Recorded On:** 10-01-2016.  
**Father:** Unknown..  
**Mother:** Mother had congestive heart failure..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-01-2016.  
**Tobacco:** Current every day smoker 1/2 packet per day. **Status:** Current  
**Coffee:** **Status:** N/A  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug use. **Status:** Never  
**Nutrition History:** Regular diet..  
**Developmental History:** Education level is technical education..

## Tests and Exams:

**Last Recorded On:** 10-01-2016.  
**Sigmoid/Colonoscopy** N/A Done 5 years ago.  
**Prostate Exam** N/A Done 5 years ago.

**Insurance:**

**Superior Health Plan Texas (39188)**

**Priority :** Primary  
**Start Date :** 1983-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)  
**Priority :** Primary  
**Start Date :** 2011-03-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 506870536  
**Group Number :**  
**Employer Name :** Adrian Taylor  
**Copay :**  
**Insured ID Number :** 506870536  
**Group Number :**  
**Employer Name :** Adrian Taylor

**Immunizations:**

**Adrian Taylor: Chief Complaint**  
Patient Record Number:1298

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**Seen by** Sumana Ketha MD  
**Seen on** 11-July-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hyperlipidemia, hypertension, rheumatoid arthritis or osteoarthritis, stroke, transient ischemic heart attack, epilepsy, anxiety, tobacco use, gastroesophageal reflux disease, cerebrovascular accident, and abnormality of gait. Patient complains of back and shoulder pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 33-year-old AA male in NAD with multiple chronic conditions of hyperlipidemia, hypertension, rheumatoid arthritis or osteoarthritis, stroke, transient ischemic heart attack, epilepsy, anxiety, tobacco use, gastroesophageal reflux disease, cerebrovascular accident, and abnormality of gait. Patient states that he has left arm pain and stiffness from not using arm. Patient denies any CP, HA, or N/V recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-11	130	87	220.00	64.00	98.20	18.00	~	37.8	0.00

## Review of Systems:

**Constitutional:**

**Geometrische Optik:**

**No BSCOD Tunnels**

No ~~harmful~~ ingredients

**No. 15610** **OpBeitch**

**No ABAE#5 frequency**

Neurobiology of Aging 100 (2021) 105001

No Endurance

No Leg Pain/Cramping

No Arrhythmia

No Heart Problem

### Physical Exam:

**GENRO:**

**Plant 64 is a non-vascular plant, a moss, and is not a tree. It is a small, green, leafy plant that grows in moist, shaded areas. It is not a tree and does not have a woody stem. It is a non-vascular plant, meaning it does not have a specialized system for transporting water and nutrients. It is a moss, which is a type of bryophyte. It is not a tree and does not have a woody stem. It is a non-vascular plant, meaning it does not have a specialized system for transporting water and nutrients. It is a moss, which is a type of bryophyte.**

**FRANSCH:**

**Sphenoid-Within Normal Limits, Turbinate Discharge, Maxillary Lesions X3-Within Normal Limits, Nasal Turbinates-Within Normal Limits.**

**ENT:**

Base Energy Aspects of Node-Weighted Normal Limits.

**NECK:**

Supple,Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**BACK:**

Normal Curvature, Tenderness-Within Normal Limits .

**RESP:**

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

**Gl:**

Ogrganomegoly-Within Normal Limits .

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

## Medication:

Description	Status	Start Date	End Date
Coreg ,6.25 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	2015-05-22	
ALPRAZolam ,0.25 MG TABS, Take 1 Tablet By Mouth Thtee Times Daily As Needed For Anxiety, Quantity: 45, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-03	
LevETIRAcetam ,500 MG TABS, TAKE ONE TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31	
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31	
Lisinopril ,40 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	2015-03-20	

## 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 come excessive headache, blurry vision or systolic blood pressure greater than 200. No labs need at 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension, continue current plan.
2. Generalized anxiety disorder, start Xanax 0.5 mg t.i.d.
3. Epilepsy, continue current plan.
4. Insomnia, continue current plan.
5. Osteoarthritis, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Cerebrovascular effects, continue current plan.
8. Hyperlipidemia, continue current plan.

No Medication refills .

## Medical Problem:

Description	Status	Start Date	End Date
Epilepsy, unspecified, not intractable, without status epilepticus ( ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-06-07	
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-05-04	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Generalized anxiety disorder ( ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2015-10-01	

Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Abnormality of gait ( ICD10:R26.9 Unspecified abnormalities of gait and mobility) 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
Epilepsy, unspecified, with intractable epilepsy ( ICD10:G40.911 Epilepsy, unspecified, intractable, with status epilepticus) ( ICD10:G40.919 Epilepsy, unspecified, intractable, without status epilepticus) 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
Mixed hyperlipidemia ( ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Late effects of cerebrovascular disease, cognitive deficits ( ICD10:I69.30 Unspecified sequelae of cerebral infarction) Unknown or N/A	Active	2015-10-01
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy ( ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus) 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
Acute, but ill-defined, cerebrovascular disease ( ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
Heparin Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
CVA to left hernia Unknown or N/A	Active	2015-02-26	

## 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

**Current home health agency:**

**Primary Justification Medical Conditions:** Epilepsy,HTN,hyperlipidemia

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:** YES

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to late effects of CVA, wheel chair bound and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to CVA and wheelchair bound. Patient has unsteady poor balance and has increased risk for falls and also needs assistance of another person at all times.

**Signed by (NP):** 302

**Signed On (NP):** 2016-07-11 05:36

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-14 05:36

**Form\_status:** finalized

**Printed:** NO

## DME:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, site unspecified sent order for power wheelchair repairs. ( ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Active		



Electronically Signed by **Darolyn Perkins** on **2016-07-18**.

Printed on 01-Oct-2016 17:19:50 pm.