Guy Webb: Patient Information

Patient Record Number: 5774

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: Guy Webb External ID: 5774 **DOB**: 1957-09-09 Sex: Male S.S.: 453-23-3164 Marital Status: Single User Defined: 214-484-6153

Address: 1115 W Main St

City: Lancaster State: Texas Postal Code: 75146 Country: USA

Emergency Contact: Ade(house Owner) **Emergency Phone:** 214-315-0130 Mobile Phone: 469-407-5015 Street Address: 1115 W Main St Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-29-2016. Risk Factors: Hepatitis, Insomnia.

Family History:

Last Recorded On: 10-29-2016.

Father: Father deceased, complaints with ETOH abuse.. Mother: Mother deceased, complaints with HTN and COPD..

Siblings: One brother deceased..

Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-29-2016.

Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis, Hypertension.

Social History:

Last Recorded On: 10-29-2016.

Tobacco: Current every day smoker Smokes 1/2 pack per day Status: Current

Alcohol: Stopped drinking Status: Quit Recreational Drugs: Status: Never Counseling: No drug abuse. Status: Never

Nutrition History: Regular.

Developmental History: Educational level is 12th grade...

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-29-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2010-02-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary
Start Date: 2016-02-01 Relationship to Insured:

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 521811311 Group Number :

Employer Name : Guy Webb

Copay: Insured ID Number: 521811311

Group Number : Employer Name :

Immunizations:

Guy Webb: Chief Complaint Patient Record Number:5774 Texas Physician House Calls (H)

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

Chief Complaint Status: finalized

Follow up home visit for management of cirrhosis, neuropathy, hypertension, tobacco use, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataracts, anxiety, bipolar, schizophrenia, and mononeuritis. Patient complains of SOB.

History of Present illness:

HPI Status:Finalized

A 58-year-old white male in NAD with multiple chronic conditions of hypertension, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataracts, and schizophrenia. Patient denies any new issues upon examination. Patient states that he has had an increase in SOB since it has been hotter than usual. Patient spends most of his time outside and this may be causing his SOB. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-21	125	84	163.00	67.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

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No Obstruction

Physical Exam:

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ENTORMEMITIES:

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CV:

REVERSION NOTION IN THE PROPERTY OF THE PROPER

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY,			
Quantity: 60, Refill Quantity: 3			
Unknown or N/A	Active	2016-01-04	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-01-04
Texas Physician House Calls Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Tamsulosin HCI ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Tamsulosin HCl ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-05
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-05

Plan Note:

Plan Note Status: Finalized

Continue the 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 us to stylet blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No laugh needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Chronic obstructive pulmonary disease, on nebulizers.
- 2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
- 3. Anxiety, stable.
- 4. Benign prostatic hyperplasia, continue medications.

- 5. Cirrhosis, stable.
- 6. Neuropathy, well controlled on medications.
- 7. Insomnia, stable.
- 8. Hyperlipidemia, check lipids at frequent intervals.
- 9. Bipolar disorder, well controlled on medications.
- 10. Cataracts, monitor.
- 11. Schizophrenia, continue medications.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-02	
Unspecified cirrhosis of liver (ICD10:K74.60 Unspecified cirrhosis of liver) Unknown or N/A	Active	2015-10-02	
Polyneuropathy, unspecified (ICD10:G62.9 Polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-02	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-02	
Enlarged prostate with lower urinary tract symptoms (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-02	
Biliary cirrhosis (ICD10:K74.5 Biliary cirrhosis, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Acute exacerbation of chronic obstructive pulmonary disease [COPD] (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Asthma unspecified (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Benign Prostatic hyperplasia (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Insomnia unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Cataracts (ICD10:H26.9 Unspecified cataract) 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	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	

Unspecified schizophrenia, in remission (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) 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
Alcoholic fatty liver (ICD10:K70.0 Alcoholic fatty liver) Unknown or N/A	Active	2015-10-01

Allergies:

	Description	Status	Start Date	End Date
No know drug allergies		Active		
Unknown or N/A		7101170		

Surgeries:

Description	Status	Start Date	End Date	
Bilateral hip replacement surgeries, left on 2011 and right on 2013. 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:

Primary Justification Medical Conditions: Asthma, Hyperplasia, bipolar, COPD, HTN, Schizophrenia

Additional Medical Conditions: Neuropathy, Insomnia

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

 $\textbf{Clinical Findings To Justify Home Health: } No \ SN \ needed \ in \ this \ visit.$

Certification Statement: Signed by (NP): 16

Signed On (NP): 2016-09-21 11:54 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-27 11:54

Form_status: finalized

Procedure Order:

Patient ID	5774	Order ID	953
Patient Name	Webb, Guy	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results							
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note	
026: Pulse Oxim	netry						•					

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