

Tiffany Wright: Patient Information
Patient Record Number:5861

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: Tiffany Wright

External ID: 5861

DOB: 1982-03-30

Sex: Female

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?srtp=0#folders/0B1v8FHBd_SfCbU4wMEIzNFJLWnM

Address: 2982 Spruce Valley Ln

City: Dallas

State: Texas

Postal Code: 75233

Country: USA

Home Phone: 214-861-0644

Street Address: 2982 Spruce Valley Ln

Apt/Suite/Other: 267

Family History:

Last Recorded On: 11-19-2016.

Father: Father is alive with multiple personality disorder, CAD, and AIDS..

Mother: Mother is alive with HTN, DM2, bipolar, and obesity..

Siblings: Sister is alive with asthma and obesity..

Offspring: Patient has 3 children. 2 boys, one with asthma, and ADHD and a girl with ADHD. Patient is separated and single..

Other Family Relative: Family history of lung, breast and ovarian cancer.

Primary Family Med Conditions:

Last Recorded On: 11-19-2016.

Risk Factors: HIV / AIDS.

Chronic Conditions: Asthma,Diabetes,Hypertension.

Mental Conditions: Bipolar Disorder.

Social History:

Last Recorded On: 11-19-2016.

Tobacco: Current every day smoker smokes 1 cigar per day **Status:** Current

Alcohol: social drinker **Status:** Current

Recreational Drugs: No drug abuse. **Status:** Current

Nutrition History: Regular.

Developmental History: Education level is 11th grade..

Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 11-19-2016.

Mammogram (>40yrs, Yearly) Abnormal Done on 05/20/2015, at Las Colinas Medical Center, ordered by Dr. Sumana Ketha.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-03-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 520010117
Group Number :
Employer Name : Tiffany Wright

Immunizations:

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| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Cipro ,250 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 14, Refill Quantity: 0 | | | |
| Unknown or N/A | Active | 2016-10-06 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

| | | |
|--|--------|------------|
| Robitussin Cough/Chest DM Max ,10-200 MG/5ML LIQD, TAKE 5 ML 4 TIMES DAILY AS NEEDED, Quantity: 300, Refill Quantity: 0 | Active | 2016-10-06 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY IN THE MORNING, Quantity: 90, Refill Quantity: 0 | Active | 2016-09-08 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 1 | Active | 2016-09-08 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 42.5, Refill Quantity: 3 | Active | 2016-09-08 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Symbicort ,80-4.5 MCG/ACT AERO, Inhale One Spray Puffs By Mouth Every 12 Hours, Quantity: 5, Refill Quantity: 3 | Active | 2016-09-08 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY IN THE MORNING, Quantity: 30, Refill Quantity: 0 | Active | 2016-07-07 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 | Active | 2016-04-03 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Fluconazole ,200 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED, Quantity: 14, Refill Quantity: 0 | Active | 2016-04-03 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 1 | Active | 2016-04-03 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 17, Refill Quantity: 3 | Active | 2016-04-03 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 | Active | 2016-03-21 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 | Active | 2016-01-17 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 | Active | 2016-01-17 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 17, Refill Quantity: 3 | Active | 2015-11-22 |
| Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | | |

Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3

Unknown or N/A

Active

2015-11-22

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Plan Note:

Plan Note Status:Finalized

Patient to start Cipro 250 mg b.i.d. x7 days. Continue the same treatment plan for other diagnosis. 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 read current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath and excessive headache, blurry vision her systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs needed this visit. Patient verbalized understanding of the above plan I 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. Cystitis, start Cipro 250 mg b.i.d. x 7 days.
2. Hypertension with vascular complications, continue current plan.
3. Anxiety, continue current plan.
4. Bipolar, continue current plan.
5. Depression, continue current plan.
6. Asthma, continue current plan.
7. Osteoarthritis with chronic pain, continue current plan.
8. Chronic pain syndrome, continue current pain.
9. Gastroesophageal reflux disease, continue current plan.
10. Schizophrenia, continue current plan.

Medication refills as follows:

Robutussin DM.

Cipro 250 mg b.i.d. x 7 days.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Cystitis, unspecified without hematuria (ICD10:N30.90 Cystitis, unspecified without hematuria) Unknown or N/A | Active | 2016-10-05 | |
| Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A | Active | 2016-10-05 | |
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-09-08 | |
| Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A | Active | 2016-09-08 | |
| Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A | Active | 2016-07-05 | |
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A | Active | 2016-07-05 | |
| Bipolar disorder, current episode manic without psychotic features, unspecified (ICD10:F31.10 Bipolar disorder, current episode manic without psychotic features, unspecified) Unknown or N/A | Active | 2016-03-31 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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 | |

| | | |
|--|--------|------------|
| Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A | Active | 2015-10-01 |
| Other bipolar disorders (ICD10:F31.81 Bipolar II disorder) 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 |
| Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) 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 |
| Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A | Active | 2015-10-01 |

Allergies:

| Description | Status | Start Date | End Date |
|------------------------------|--------|------------|----------|
| shell fish Unknown or N/A | Active | 2015-04-10 | |
| shingles Unknown or N/A | Active | 2015-04-10 | |

Surgeries:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| tubal ligation in 2005 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: Texas Premier Home Health Care

Primary Justification Medical Conditions: HTN,bipolar,Asthma,Depression

Additional Medical Conditions: Anxiety, chronic pain.

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: SN needed due to mental illness and inability to self medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis and chronic pain. Patient has unsteady painful ambulation with extremely poor balance and weakness.

Signed by (NP): 16

Signed On (NP): 2016-10-06 03:43

Signed By (Physician): 18

Signed on (Physician): 2016-10-12 03:43

Form_status: finalized

Procedure Order:

| | | | |
|--------------|-----------------|----------------|---------------------|
| Patient ID | 5861 | Order ID | 1082 |
| Patient Name | Wright, Tiffany | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-11-20 | Print Date | 2016-11-20 |
| Order Status | complete | Encounter Date | 2016-11-20 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-11-20 | | Final ✓ | | 0097 | Pulse Oximetry | No | 97% | 97% to 100% | | |



Electronically Signed by **Sumana Ketha, MD** on **2016-10-12**.

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