

Joshua Wade: Patient Information
Patient Record Number:5703

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: Joshua Wade

External ID: 5703

DOB: 1994-03-06

Sex: Male

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXQUs0eU02N3JOZ00>

Address: 3831 Mehalia Drive

City: Dallas

State: Texas

Postal Code: 75241

Country: USA

Emergency Contact: 469 348-1541

Mobile Phone: 469-233-1544

Street Address: 3831 Mehalia Drive

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-19-2016.

Risk Factors: Insomnia.

Family History:

Last Recorded On: 08-19-2016.

Father: Father alive-unknown..

Mother: Mother alive-unknown..

Siblings: Siblings-unknown..

Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 08-19-2016.

Risk Factors: Unknown.

Social History:

Last Recorded On: 08-19-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 08-19-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : 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)
Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 514647867
Group Number :
Employer Name : Joshua Wade
Copay :
Insured ID Number : 514647867
Group Number :
Employer Name : Joshua Wade
Copay :
Insured ID Number : 514647867
Group Number :
Employer Name : Joshua Wade

Immunizations:

Joshua Wade: Chief Complaint
Patient Record Number:5703

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

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis with chronic pain, schizophrenia, depression, anxiety, and insomnia.
Patient complains of pain in his legs.

History of Present illness:

HPI Status:Finalized

An 22-year-old AA male in NAD with multiple chronic conditions of osteoarthritis w/chronic pain, chronic pain syndrome, depression, and insomnia. Pataient states that he has been having pain in his legs and feet. Patient rates pain at 6/10. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-14	125	76	176.00	61.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Weight Loss

No Polyuria/Polydipsia

No Excessive Thirst

No Excessive Hunger

No Fatigue/Weakness

No Heat/Cold Intolerance

No Change in Hair Growth

No Change in Skin

No Change in Appetite

No Change in Sleep

No Change in Mood

Physical Exam:

General:

Well-appearing, well-nourished, well-developed, no acute distress. No significant findings. Within Normal Limits.

HEENT:

Head: No tenderness, no swelling, no deformity. Within Normal Limits.

CV:

Heart: No murmurs, no gallops, no rubs. Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
RisperidONE ,2 MG TABS, Take One Tablet By Mouth Daily, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-07-20	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2016-03-15
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
DiphenhydrAMINE HCl ,25 MG CAPS, TAKE 1 TO 2 CAPSULES AT BEDTIME, Quantity: 60, Refill Quantity: 2	Active	2015-02-05
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Medication adherence was given to the patient. Continue treatment as planned. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis w/chronic pain continue current plan.
2. Insomnia, continue to monitor.
3. Anxiety, continue current plan.
4. Chronic Pain Syndrome, continue current pain medication.
5. Schizophrenia, continue current plan.
6. Depression, continue current plan.

Medication refills as follows: Norco 10/325 mg t.i.d., Risperdal 4 mg q.d., Abilify 5 mg q.d., Fluoxetine 20 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-19	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) 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	
Schizophrenia (ICD10:F20.9 Schizophrenia, unspecified) 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	
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active		

Allergies:

Description	Status	Start Date	End Date
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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: Depression, Schizophrenia

Additional Medical Conditions: Chronic Pain, Anxiety, Insomnia

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed at this time.

Certification Statement: Patient is homebound due to schizophrenia and other medical conditions.

Signed by (NP): 16

Signed On (NP): 2016-06-14 03:27

Signed By (Physician): 18

Signed on (Physician): 2016-06-21 03:27

Form_status: finalized

Procedure Order:

Patient ID	5703	Order ID	621
Patient Name	Wade, Joshua	Ordered By	Love-Jones, Derrick
Order Date	2016-09-09	Print Date	2016-09-09
Order Status	complete	Encounter Date	2016-09-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-09		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-06-20**.

Printed on 09-Sep-2016 21:20:15 pm.