

**David Henderson: Patient Information**  
Patient Record Number:6192

**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:** David Henderson  
**External ID:** 6192  
**DOB:** 1959-09-28  
**Sex:** Male

**Address:** 1211 Morell Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75203  
**Country:** USA  
**Mobile Phone:** 469-321-4673  
**Street Address:** 1211 Morell Rd  
**Apt/Suite/Other:** House

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2016-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 510601943  
**Group Number :**  
**Employer Name :** David Henderson

## Immunizations:

**David Henderson: Chief Complaint**  
Patient Record Number:6192

**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

**Seen by** Sumana Ketha MD  
**Seen on** 13-July-2016

**Chief Complaint Status:**finalized

Return home visit for management of lumbago, chronic knee pain, hypertension, hyperlipidemia and mental illness.

## History of Present illness:

**HPI Status:**Finalized

Patient is a 58 year old male in NAD with multiple chronic conditions. Patient denies any new issues upon examination and denied chest pain, headaches or nausea/vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	146	92	250.00	69.00	98.20	18.00	~	0.0	0.00

## Review of Systems:

**Cardiovascular:**

**Psychiatry:**Other Details:Hypertension  
Psych Diagnosis YES

## Physical Exam:

**GENRO:**

Abnormal Gait, On Gaiting, Gaiting of 14.5 Feet, Within Normal Limits .

**ENT:**

Supple, No Deviation, No Discharge, No Lesions, Within Normal Limits .

**ENT:**

Supple, No Deviation, No Discharge, No Lesions, Within Normal Limits .

**NECK:**

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

**CV:**

RRR-Within Normal Limits .

**RESP:**

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

**GI:**

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

Bowel Sounds present in all four quadrants-Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
Amitriptyline HCl ,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-23	
AmLODIPine Besylate ,10 MG TABS, Take 1 tablet daily at bed time, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-23	

Lisinopril ,20 MG TABS, Take 1 tablet daily at bedtime, Quantity: 30,  
Refill Quantity: 3  
Unknown or N/A  
by ketha, Dr sumana - BK6230281  
DFW Primary Care PLLC

Active

2016-05-23

## Plan Note:

**Plan Note Status:**Finalized

Continue current treatment plan, medication adherence. Prognosis is fair.

Medication refills are: Amitriptyline 50 mg one tab daily at hs. Q-pap 500 mg one tab bid prn,

Walgreens on morel avenue. 214-371-1891

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-07-13	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-13	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-13	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-07-13	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-13	

## 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:** hyperlipidemia,Schizophrenia,HTN

**Additional Medical Conditions:**

**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:** Skilled nursing needed due to multiple complex diseases and patient lack of knowledge on how to manage the disease process and medications.

**Certification Statement:** Patient is home bound due to mentall illness and unsafe to leave home alone due to his change in mental status.

**Signed by (NP):** 302

**Signed On (NP):**

**Signed By (Physician):**

**Signed on (Physician):**

**Form\_status:** finalized

**Printed:**

Printed on 19-Aug-2016 18:48:39 pm.