

Niomi Evans: Patient Information
Patient Record Number:6173

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: Niomi Evans
External ID: 6173
DOB: 1982-07-25
Sex: Female

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216-4555
Country: USA
Mobile Phone: 214-431-3042
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 08-22-2016.
Father: Unknown..
Mother: Mother is alive with hypothyroidism and asthma..
Siblings: One brother and two sisters..
Offspring: Six children, four boys and 2 sisters are live .

Social History:

Last Recorded On: 08-22-2016.
Tobacco: Smokes half pack per day. **Status:**
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level is gone to college..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 615856273
Group Number :
Employer Name : Niomi Evans

Immunizations:

Niomi Evans: Chief Complaint
Patient Record Number:6173

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Seen by Sumana Ketha MD
Seen on 12-August-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of asthma, posttraumatic stress disease, anxiety, bipolar, chronic migraines, and cholinesterase deficiency. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

A 34-year-old Caucasian female in NAD with multiple chronic medical conditions of the following: asthma, posttraumatic stress disorder, anxiety, bipolar, chronic migraines, and cholinesterase deficiency. Patient complains of shortness of breath secondary to the heat, per patient statement. Patient denies any other issues upon examination. Patient denies any chest pain or nausea/vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-12	125	67	217.00	61.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight: Stable
Appetite: No Change
Energy: No Change
Weight loss: No Change
Diets: No Change
Exercise: No Change
Stress: No Change
Illnesses: No Change
Medications: No Change
Other: No Change

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

NECK:

Neck: Within Normal Limits .

CV:

CV: Within Normal Limits .

CV:

CV: Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
Imitrex ,25 MG TABS, 1 TAB EVERY 12 HOURS AS NEEDED FOR MIGRAINES, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-06-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

PredniSONE ,20 MG TABS, TID, Quantity: 15, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Propranolol HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Albuterol Sulfate ,(2.5 MG/3ML) 0.083% NEBU, USE 1 UNIT DOSE IN NEBULIZER EVERY 4 HOURS AS NEEDED, Quantity: 150, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09
ProAir HFA ,108 (90 Base) MCG/ACT AERS, 2 puffs 4 times a day prn for shortness of breath, Quantity: 5, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous. Reviewed and continue same medications. Medication adherence education was given to the patient 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 systolic blood pressure greater than 200. Patient encouraged exercise daily. No labs needed this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Asthma, continue current plan.
2. Chronic migraines, continue current plan.
3. Anxiety, continue current plan.
4. Bipolar, continue current plan.
5. Posttraumatic stress disorder, continue current plan.
6. Cholinesterase deficiency, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Migraine, unspecified, not intractable, without status migrainosus (ICD10:G43.909 Migraine, unspecified, not intractable, without status migrainosus) Unknown or N/A	Active	2016-06-10	
Post-traumatic stress disorder, chronic (ICD10:F43.12 Post-traumatic stress disorder, chronic) Unknown or N/A	Active	2016-06-10	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-05-06	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-06	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-05-06	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-06	

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

Primary Justification Medical Conditions: bipolar,Schizophrenia

Additional Medical Conditions: Anxiety, Asthma, PTSD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to mental health issues in the inability to self medicate correctly.

Certification Statement: Skilled nursing is required due to mental health issues and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-12 08:25

Signed By (Physician): 18

Signed on (Physician): 2016-08-16 08:25

Form_status: finalized

Procedure Order:

Patient ID	6173	Order ID	822
Patient Name	Evans, Niomi	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
Lab	.HH Agency	Specimen Type>	

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



Electronically Signed by **Sumana Ketha, MD** on **2016-08-19**.

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