Mythia Joseph: Patient Information

Patient Record Number:5569

Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

2925 Skyway Urcie North, Irving, 17, USA, 75038-3510 www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310, Email:hhsupport@texashousecalls.com

Name: Mythia Joseph External ID: 5569 DOB: 1975-09-17 Sex: Female

Patient Drive Folder: 0B0x_tbqdBDPhdERyQWUzVVN3NFU

Address: 3335 Munger Ave #1401

City: Dallas State: Texas Postal Code: 75204 Country: USA

Home Phone: 214-517-4790 Mobile Phone: 469-245-4085 Street Address: 3335 Munger Ave

Apt/Suite/Other: 1401

Past Medical History:

Last Recorded On: 01-28-2017. Risk Factors: Lumbago.

Family History:

Last Recorded On: 01-28-2017.

Father: Died..
Mother: Died..

Offspring: 2 children, ages 12 and 21..

Other Family Relative: Parents were murdered. Grandparents with heart disease..

Social History:

Last Recorded On: 01-28-2017.

Tobacco: No smoking.

Status: Never

Alcohol: No alcohol.

Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well.. Work Status: Disabled.

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 01-28-2017.

Vitamin D (6 mo if on pills) Normal Done at Healthcore Laboratory Services on 03/07/2016, ordered by Dr. Sumana Ketha

HbA, C Hemoglobin (if DM every 3 mo) Normal Done at Healthcore Laboratory Services on 07/22/2016, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done at Healthcore Laboratory Services on 03/07/2016, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done at Healthcore Laboratory Services on 07/22/2016, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done at Healthcore Laboratory Services on 07/22/2016, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done at Healthcore Laboratory Services on 03/07/2016, ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done at Evolution Health Laboratory Services on 06/16/2015, ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A Done **Sigmoid/Colonoscopy** N/A Done

Prostate Exam N/A Done.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2008-04-01 Relationship to Insured: Self Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2010-01-01 Relationship to Insured : Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 314784822A

Group Number:

Employer Name: Mythia Joseph

Copay:

Insured ID Number: 519003383

Group Number:

Employer Name : Mythia Joseph

Immunizations:

Mythia Joseph: Chief Complaint Patient Record Number:5569

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> Seen by Derrick Love-Jones Seen on 14-November-2016

Chief Complaint Status: finalized

Followup home visit for management of tachycardia, depression, bipolar, chronic pain, anxiety, back disorder, mononeuritis, tachycardia and abnormal gait. Patient complain of muscle spasms.

History of Present illness:

HPI Status:Finalized

A 41-year-old African-American female in no acute distress with multiple chronic conditions of tachycardia, depression, bipolar, chronic pain, anxiety, back disorder, mononeuritis, tachycardia and abnormal gait. Patient complains of muscle spasms that causes her pain and prevents her from ADL's. Patient has past medical history of back injury and surgery which continues to cause her severe pain. Patient rates current pain at 6/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-14	121	86	195.00	66.00	97.40	16.00	~	31.5	0.00

Review of Systems:

Constitutional:

eliteingat:

MAN SON CETS

MFG Menytigreg Of Motion

No Building Concepts

Ned Dipatrijktietiede pleartigents YES

No Closomyszójaba Coonntent

No Blostdulcti6tool

Physical Exam:

BXIEREMITIES:

Marital Blands Normal Limits .

CV:

Refiguations President Turbinates chicket in the second of the second o

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Baclofen ,10 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 1			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Meloxicam ,15 MG TABS, TAKE 1 TABLET BY MOUTH EVERY		
MORNING, Quantity: 30, Refill Quantity: 1		
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-10-17
Texas Physician House Calls		
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-14
by Jones, Derrick - MJ3217331		
Texas Physician House Calls LORazepam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY AS		
DIRECTED, Quantity: 60, Refill Quantity: 0	Active	2016-07-14
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Paxil ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0	Author	2010 27 44
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-07-14
Texas Physician House Calls		
Cyclobenzaprine HCI ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-03-15
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY,		
Quantity: 90, Refill Quantity: 3		
Unknown or N/A	Active	2016-03-15
by Jones, Derrick - MJ3217331		
Texas Physician House Calls Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING,		
Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-03-15
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
PARoxetine HCI ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-03-15
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
TraMADol HCI ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-03-15
by Jones, Derrick - MJ3217331		
Texas Physician House Calls Cycleb paragraphics HCL 40 MC TABS, TAKE 4 TABLET 3 TIMES DAILY.		
Cyclobenzaprine HCI ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-02-10
by Jones, Derrick - MJ3217331		
Texas Physician House Calls Cabapagin 300 MC CARS TAKE 1 CARSHIE 3 TIMES DAILY		
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3		
Unknown or N/A	Active	2016-02-10
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A	Active	2016-02-10
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
PARoxetine HCI ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3	Author	2010 20 10
Unknown or N/A	Active	2016-02-10
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
TraMADol HCI ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-02-10
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Texas Physician House Calls		

Cyclobenzaprine HCl ,10 MG TABS, Take 1 Tablet By Mouth 3 Times Daily As Needed, Quantity: 90, Refill Quantity: 5

Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls Active 2015-02-23

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 ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged continue daily exercise as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Muscle spasms, continue current plan.
- 2. Colitis, continue current plan.
- 3. Depression, continue current plan.
- 4. Osteoarthritis with chronic pain, continue current plan.
- 5. Chronic pain syndrome, continue current plan.
- 6. Lumbago with chronic pain, continue current plan.
- 7. Bipolar, continue current plan.
- 8. Anxiety, continue current plan.
- 9. Generalized weakness, continue to monitor.
- 10. Abnormal gait, continue to monitor.

Medication refills as follows, Tylenol 3 t.i.d. Paxil 20 mg q.d. Gabapentin 600 mg t.i.d. Cyclobenzaprine 10 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Noninfective gastroenteritis and colitis, unspecified (ICD10:K52.9 Noninfective gastroenteritis and colitis, unspecified) Unknown or N/A	Active	2016-10-06	
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2016-08-31	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-13	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-13	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-13	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-13	
Bipolar disorder, in partial remission, most recent episode hypomanic (ICD10:F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic) Unknown or N/A	Active	2016-06-09	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-03-15	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-02-09	
Unspecified abnormalities of gait and mobility (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-11-24	

Supraventricular tachycardia (ICD10:I47.1 Supraventricular tachycardia) Unknown or N/A	Active	2015-11-24
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2015-10-28
Encounter for screening for other disorder (ICD10:Z13.89 Encounter for screening for other disorder) Unknown or N/A	Active	2015-10-28
Encounter for immunization (ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-28
Bipolar II disorder (ICD10:F31.81 Bipolar II disorder) Unknown or N/A	Active	2015-10-19
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, 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
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) 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 unspecified back disorders (ICD10:M53.9 Dorsopathy, 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
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

D	Description	Status	Start Date	End Date
No known drug allerigies		Active		
Unknown or N/A		Active		

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy in 2007		2015-08-17	
Unknown or N/A			
Lumbar Fusion at L4 and L5 in 2006	Active	2015-08-17	
Unknown or N/A	710.170	20.0 00	

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 Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

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

Certification Statement: Patient is homebound due to mobility issues inability to self medicate correctly and use of pain

medication.

Signed by (NP): 16

Signed On (NP): 2016-11-14 03:34 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-21 03:34

Form_status: finalized

DME:

Description	Status	Start Date	End Date	
PWD wheelchair	Active			
Unknown or N/A	7101170			

Procedure Order:

Patient ID	5569	Order ID	1153
Patient Name	Joseph, Mythia	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

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



Electronically Signed by Derrick Love-Jones on 2016-11-21.

Printed on 28-Jan-2017 21:52:46 pm.