

Roy Brown: Patient Information
Patient Record Number:5881

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: Roy Brown

External ID: 5881

DOB: 1960-07-13

Sex: Male

S.S.: 463214091

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCSV9xZXQtZjNxRGc

Address: 8383 La Prada Drive

City: Dallas

State: Texas

Postal Code: 75228

Country: USA

Home Phone: 972-685-6512

Mobile Phone: 469-267-1659

Street Address: 8383 La Prada Drive

Apt/Suite/Other: 707

Family History:

Last Recorded On: 10-15-2016.

Father: Father was weak and died..

Mother: Mother is alive and is having breast cancer..

Siblings: Patient has 2 brothers and 2 sisters. One brother was weak and died and the other one is alive with history of CVA, hyperlipidemia, HTN, diabetes mellitus 2, and blind. 2 sisters are alive. One is having Diabetes mellitus 2, hypertension, and hyperlipidemia, weak and the other is having osteoarthritis and also weak..

Offspring: Patient is having 2 children one male and one female who are healthy..

Primary Family Med Conditions:

Last Recorded On: 10-15-2016.

Chronic Conditions: Diabetes,Hyperlipidemia,Hypertension,Osteoporosis,Female/Male Breast Cancer.

Disability Conditions: Sensory - Blindness and Visual Impairment.

Social History:

Last Recorded On: 10-15-2016.

Tobacco: Current every day smoker Smokes daily. **Status:** Current

Coffee:

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

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

Counseling:

Exercise Patterns:

Hazardous Activities:

Tests and Exams:

Last Recorded On: 10-15-2016.

Insurance:

Humana (61101)

Priority : Primary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)
Priority : Primary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)

Copay :
Insured ID Number : H45775486
Group Number :
Employer Name : Roy Brown
Copay :
Insured ID Number : 17454653
Group Number :
Employer Name : Roy Brown

Immunizations:

Roy Brown: Chief Complaint
Patient Record Number:5881

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Seen by Sumana Ketha MD
Seen on 07-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, diabetes-2, hyperlipidemia, chronic pain, atrial fibrillation, depression, schizophrenia, anxiety, psychiatric disorder, osteoporosis, chronic pain, muscle spasms, insomnia, and CVA effects. Patient complains of pain in knees and legs.

History of Present illness:

HPI Status:Finalized

A 56-year-old African American male in no acute distress with multiple chronic conditions which include hypertension, diabetes-2, hyperlipidemia, chronic pain. Patient states that he has pain in his knees and legs, but that is relieved with current pain medication. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, nausea or vomiting recently. Patient uses wheelchair for mobility.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-07	158	93	200.00	74.00	98.20	18.00	~	25.7	0.00

Review of Systems:

Constitutional:

Relevant literature on the topic:

DISCUSSION

No ~~Exhausted~~ Exhausted Bath

Notwithstanding

No Duplication

No Direct Benefits

Need to purchase a

Non-Interactive Commitment

No Bleeding Gums

No Objections

No Use Of Dentures

Physical Exam:

RECEIVED

Randomly Generated Data: 10000 Data Points Generated From a Normal Distribution With Normal Limits.

EXTREMITIES:

ENT: External Ear - Normal. Eustachian Tube - Normal. Gums - Pink. Bilateral Nasal Turbinates - Within Normal Limits.

CV:

DEBRIEFING AND DEBRIEFING LIMITS.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lovastatin ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY AT BEDTIME, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-09-22	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Levetiracetam ,500 MG TABS, TAKE 1 TABLET BY MOUTH (2) TWICE DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-20
Diltiazem HCl ER ,120 MG CP12, 1 CAP PO QD, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Lovastatin ,20 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Warfarin Sodium ,5 MG TABS, Take 1 tablet daily Must have PT/INR checked monthly and report results, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-31
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-17
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-20

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, and systolic blood pressure over 200. 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 stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Epilepsy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Insomnia, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Neuropathy, continue current plan.
7. Hemiplegia, continue to monitor.
8. Depression, continue current plan.
9. Anxiety, continue current plan.
10. Insomnia, continue current plan.
11. Atrial fibrillation, continue current plan.
12. Muscle spasms, continue current plan.
13. Chronic pain syndrome, continue current pain medication.
14. Medication refills as follows; Norco 10/325 mg t.i.d.

15. Medication adherence was given to the patient. Continue treatment as planned.
16. 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.
17. Reviewed old records of the patient.
18. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-06-28	
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	2016-05-05	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-05-05	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-05	
Unspecified atrial fibrillation (ICD10:I48.91 Unspecified atrial fibrillation) Unknown or N/A	Active	2016-04-04	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-04-04	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-04	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-04-04	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-04-04	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-04-04	
Absence epileptic syndrome, not intractable, with status epilepticus (ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus) Unknown or N/A	Active	2015-12-30	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-12-30	
Other malaise (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-11-21	
Unspecified convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-11-21	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-11-21	
Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side (ICD10:I69.951 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side) Unknown or N/A	Active	2015-11-21	
Hereditary and idiopathic neuropathy, unspecified (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-11-16	
Pure hypercholesterolemia (ICD10:E78.0 Pure hypercholesterolemia) Unknown or N/A	Active	2015-10-31	

Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Late effects of cerebrovascular disease, cognitive deficits (ICD9:438.0 Late effects of cerebrovascular disease, cognitive deficits) Unknown or N/A	Active	
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active	
Other specified idiopathic peripheral neuropathy (ICD9:356.8 Other specified idiopathic peripheral neuropathy) Unknown or N/A	Active	
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Active	
Reactive confusion (ICD9:298.2 Reactive confusion) Unknown or N/A	Active	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	
Spasm of muscle (ICD9:728.85 Spasm of muscle) Unknown or N/A	Active	
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	
Atrial fibrillation (ICD9:427.31 Atrial fibrillation) Unknown or N/A	Active	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Feet surgery Unknown or N/A	Active		
Knee surgery 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: BLESSINGS HOME HEALTH AGENCY

Primary Justification Medical Conditions: Atrial_Fibrillation,Depression,diabetes,HTN,hyperlipidemia,Schizophrenia

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 mental disorder and inability to self medicate correctly.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences,confusion and is unable to safely leave home alone.

Signed by (NP): 302

Signed On (NP): 2016-09-07 05:06

Signed By (Physician): 18

Signed on (Physician): 2016-09-15 05:06

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Non-sterile gloves Unknown or N/A	Active		
Probe Covers Unknown or N/A	Active		
Medication Organizer Unknown or N/A	Active		



Electronically Signed by **Darolyn Perkins** on **2016-09-14**.

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