

**Davian Tankersley: Patient Information**  
Patient Record Number:5670

**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:** Mr. Davian Tankersley  
**External ID:** 5670  
**DOB:** 1963-05-23  
**Sex:** Male  
**S.S.:** 438-51-4616  
**Marital Status:** Single

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 214-354-6675  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 10-16-2016.  
**Father:** Father died of brain cancer..  
**Mother:** Mother is alive with diabetes mellitus type 2 and hypertension..  
**Siblings:** One sister and two brothers..  
**Offspring:** One girl..

## Social History:

**Last Recorded On:** 10-16-2016.  
**Tobacco:** Current some day smoker Smokes 1/2 pack per day. **Status:** Current  
**Alcohol:** Drinks socially. **Status:** Current  
**Recreational Drugs:** Cocaine. **Status:** Current  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 10th grade..  
**Other History:** Immunizations none..

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority :** Primary  
**Start Date :** 2010-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 508875848  
**Group Number :**  
**Employer Name :** Davian Tankersley

## Immunizations:

**Davian Tankersley: Chief Complaint**  
Patient Record Number:5670

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texasphysicianhousecalls.com

**Seen by** Sumana Ketha MD  
**Seen on** 19-August-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions of schizophrenia, depression, anxiety, insomnia, muscle spasms, lumbago, and chronic pain syndrome. Patient complains of low back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 53-year-old African-American male in NAD With multiple chronic conditions of the following schizophrenia, depression, anxiety, insomnia, muscle spasms, lumbago, and chronic pain syndrome. Patient states that for some time he has had low back pain. Patient denies any trauma to back. Patient states back pain rated at 7/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

**Past Medical History:**

**Family History:**

**Social History:**

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-19	140	114	140.00	64.00	98.20	18.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**Weight Loss/Gain:**

No Weight Loss/Gain

No Fever/Chills

No Night Sweats

No Fatigue

No Anorexia

No Incontinence

No Constipation

**Physical Exam:**

**HEENT:**

HEENT - Within Normal Limits .

**BBKO:**

BBKO - Within Normal Limits .

**ENT:**

ENT - Within Normal Limits .

**RESP:**

RESP - Within Normal Limits .

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

**Plan Note:**

**Plan Note Status:**Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of yourself, low-fat, low cholesterol diet his 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 to exercise daily as tolerated. Full set of the following labs ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. Patient verbalized

understanding of the above plan and was given enough is enough or any questions you have service. Prognosis is fair and patient is stable. Education material was given to the patient. Reviewed labs.

1. Lumbago with chronic pain, continue current plan.
2. Muscle spasms, continue current plan.
3. Insomnia, continue current plan.
4. Anxiety, continue current plan.
5. Depression, continue current plan.
6. Schizophrenia, continue current plan.
7. Chronic pain syndrome, continue current pain medication.

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-19	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-19	
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-08-19	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-19	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Esophageal reflux ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	

## Allergies:

Description	Status	Start Date	End Date
Abilify. Unknown or N/A	Active		

## 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

**Current home health agency:** We care daycare

**Primary Justification Medical Conditions:** Rheumatoid Arthritis\_Osteoarthr,Schizophrenia

**Additional Medical Conditions:** Depression, Anxiety, Lumbago, Insomnia and Muscle Spasms

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Patient is homebound due to mental illness.

**Certification Statement:** Skilled nursing needed due to mental illness and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-08-19 06:07

**Signed By (Physician):** 18

Signed on (Physician): 2016-08-26 06:07  
Form\_status: finalized

Procedure Order:

Patient ID	5670	Order ID	869
Patient Name	Tankersley, Davian	Ordered By	Love-Jones, Derrick
Order Date	2016-10-16	Print Date	2016-10-16
Order Status	pending	Encounter Date	2016-10-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-16		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		
					0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-08-26**.  
Printed on 16-Oct-2016 22:28:41 pm.