

Sandra Dunagin: Patient Information
Patient Record Number:3011

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: Sandra Dunagin
External ID: 3011
DOB: 1953-12-16
Sex: Female
S.S.: 526-07-8124
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NWxVYIVCZm1WNXM>

Address: 3229 Santiago Dr
City: Mesquite
State: Texas
Postal Code: 75150
Country: USA
Home Phone: 214-202-5526
Work Phone: 214-613-7081
Street Address: 3229 Santiago Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-05-2016.
Risk Factors: Chronic Pain,Dyspnea,Incontinence,Neuropathy.
Additional Medical History: Cough..

Family History:

Last Recorded On: 11-05-2016.
Father: Father died with prostate cancer..
Mother: Mother is alive with hypertension and diabetes..
Siblings: Sister with carcinoma cancer..
Offspring: Two children..

Primary Family Med Conditions:

Last Recorded On: 11-05-2016.
Chronic Conditions: Diabetes,Hypertension,Prostate Cancer.

Social History:

Last Recorded On: 11-05-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Education level is 9th grade..

Tests and Exams:

Last Recorded On: 11-05-2016.

Mammogram (>40yrs, Yearly) N/A 2009

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 526078124
Group Number :
Employer Name : Sandra Dunagin

Immunizations:

Sandra Dunagin: Chief Complaint
Patient Record Number:3011

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Seen by Sumana Ketha MD
Seen on 20-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, chronic pain, depression, asthma, anxiety, arthritis, gastroesophageal reflux disease, cough, incontinence, and abnormal gait. Patient complains of constipation.

History of Present illness:

HPI Status:Finalized

Patient is a 62-year-old Caucasian female with multiple chronic conditions of osteoarthritis, chronic pain, depression, gastroesophageal reflux disease, cough, incontinence and abnormal gait. Patient complains of constipation for 2-3 days. Her last BM was 4 days ago. She also complains of pain in her feet and knees which rated as 6/10 today. Patient denies any other issues or complain upon examination. No chest pains, headache or nausea/vomiting. Reviewed medications. Reviewed labs.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-20	147	83	245.00	68.00	97.60	20.00	~	37.2	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No Weight Change
No Fever
No Night Sweats
No Fatigue
No Change Of Motion YES
No Change In Appetite
No Bloating Bowel
No Bleeding Gums
No Bleeding YES
No Bleeding Stools

Physical Exam:

HEENT:

ENT: No abnormalities noted. No redness, swelling, or discharge. No tenderness. No lymphadenopathy. No abnormalities noted.

EXAMINATIONS:

ENT: No abnormalities noted. No redness, swelling, or discharge. No tenderness. No lymphadenopathy. No abnormalities noted.

CV:

ENT: No abnormalities noted. No redness, swelling, or discharge. No tenderness. No lymphadenopathy. No abnormalities noted.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2015-05-19	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

Lyrica ,25 MG CAPS, Take One Capsule By Mouth 3 Times Daily, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
Baclofen ,20 MG TABS, TAKE ONE TABLET 4 TIMES DAILY, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Colace ,100 MG CAPS, TAKE ONE CAPSULE TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05

Plan Note:

Plan Note Status:Finalized

1. Constipation, continue current plan and add Miralax daily
2. Anxiety, continue current plan
3. Osteoarthritis with chronic pain continue PT/OT.
4. Chronic pain syndrome, continue current pain medication.
5. Asthma, on nebulizers.
6. Gastroesophageal reflux disease, continue current plan.
7. Depression, monitor.
8. Allergic rhinitis, well controlled on medications.
9. Abnormal gait, fall precautions given.
10. Urinary incontinence, continue to monitor
11. Medication refills as follows; Baclofen 20 mg q.d., Nirco 10/325 mg t.i.d., Alprazolam 0.25 mg q.d., Polyethylene Glycol.
12. Medication adherence was given to the patient. Continue treatment as planned.
13. 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.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-07-20	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-20	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-16	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-18	

Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-18
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, 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
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) 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
Cough (ICD10:R05 Cough) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Osteoarthritis (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Allergic rhinitis (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation Unknown or N/A	Active		
Hospitalized at DRS Hospital on 01/03/2014 for bronchitis Unknown or N/A	Active		
Triple Bypass Surgery Unknown or N/A	Active		
Gallbladder Surgery Unknown or N/A	Active		
Spinal Cord Injury 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

Primary Justification Medical Conditions: Depression,Mobility_Impairments

Additional Medical Conditions: Osteoarthritis, chronic pain, incontinence

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to mobility impairment and chronic pain and inability to self medicate

Certification Statement: Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-07-20 03:13

Signed By (Physician): 18

Signed on (Physician): 2016-07-27 03:13

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, site unspecified ordered manual wheelchair through Longhord Health Solutions (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Active		



Electronically Signed by **Sumana Ketha, MD** on **2016-07-26**.

Printed on 06-Nov-2016 15:42:51 pm.