

Brenda Mims: Patient Information
Patient Record Number:3910

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: Brenda Mims
External ID: 3910
DOB: 1945-06-10
Sex: Female
S.S.: 466-72-3871
Marital Status: Widowed
User Defined: 214-613-2129
Patient Drive Folder: 0B0x_t bqdBdPhZ3dSNXpPdDh2Zlk

Address: 2808 N St Augustine Dr
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Emergency Contact: None
Emergency Phone: 469-610-8800
Home Phone: 469-660-4209
Mobile Phone: 214-613-2129
Street Address: 2808 N St Augustine Dr
Apt/Suite/Other: 113 And Gate Code Is 2129

Past Medical History:

Last Recorded On: 02-11-2017.
Risk Factors: Insomnia,GERD,Neuropathy.
Additional Medical History: Acute kidney failure.

Family History:

Last Recorded On: 02-11-2017.
Father: Father died with myocardial infarction, cirrhosis, and congestive heart failure..
Mother: Mother died at young age from brain tumor..
Siblings: Unknown..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 02-11-2017.
Chronic Conditions: Acute Myocardial Infarction,Heart Failure,Hypertension.

Social History:

Last Recorded On: 02-11-2017.
Tobacco: Smokes 6 cigarettes a day **Status:** Current
Alcohol: Socially **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: ADA diet..
Developmental History: Education level is high school grade..

Tests and Exams:

Last Recorded On: 02-11-2017.

Mammogram (>40yrs, Yearly) N/A Done.

Sigmoid/Colonoscopy N/A 6-7 years ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Humana (61101)

Priority : Secondary

Start Date : 2012-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 466723871A

Group Number :

Employer Name : Brenda Mims

Copay :

Insured ID Number : H57470167

Group Number :

Employer Name : Brenda Mims

Copay :

Insured ID Number : 517310879

Group Number :

Employer Name : Brenda Mims

Immunizations:

Brenda Mims: Chief Complaint
Patient Record Number:3910

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Seen by Sumana Ketha MD
Seen on 03-January-2017

Chief Complaint Status:finalized

Followup home visit for management and prevention of further decline of chronic conditions of diabetes-2, hypertension, hyperlipidemia, depression, ischemic heart disease, left foot pain, anxiety, acute kidney failure, and acute myocardial infarction. Patient complain of joint pain and increased anxiety.

History of Present illness:

HPI Status:Finalized

A 71-year-old African-American female in no acute distress with multiple chronic conditions of diabetes-2, hypertension, hyperlipidemia, left foot pain, anxiety, and depression. Patient complains severe joint pain in her knees and both hips and increased anxiety. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently. Reviewed labs. Reviewed medications.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2017-01-03 | 144 | 73 | 123.00 | 66.00 | 97.60 | 16.00 | ~ | 19.9 | 0.00 |

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

No Use Of Force
No Chest Pain
No Difficulty In Breathing
No Difficulty Swallowing Or Chewing
No Change Of Motion
No Discoloration
No Spaces In Appliance
No Bleeding Gums
No Abnormalities
No Use Of Dentures

Physical Exam:

SECRET

Diagnosis: **Normal** (All parameters are within normal limits).

EXTREMITIES:

Business Operations and Financial Performance

Normal Distribution Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 | | | |
| Unknown or N/A | Active | 2015-04-28 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

| | | |
|--|--------|------------|
| NovoLIN 70/30 ReliOn ,(70-30) 100 UNIT/ML SUSP, INJECT 8 UNITS SUB-Q EVERY MORNING AND 6 UNITS EVERY EVENING, Quantity: 20, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-03-30 |
| Simvastatin ,40 MG TABS, 1 TABLET(S) PO DAILY FOR CHOLESTEROL, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-03-30 |
| NovoLIN 70/30 ReliOn ,(70-30) 100 UNIT/ML SUSP, INJECT 8 UNITS SUB-Q EVERY MORNING AND 6 UNITS EVERY EVENING, Quantity: 20, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-02-10 |
| Simvastatin ,40 MG TABS, 1 TABLET(S) PO DAILY FOR CHOLESTEROL, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-02-10 |
| Clopidogrel Bisulfate ,75 MG TABS, 1 TABLET(S) PO DAILY BLOOD THINNER, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2014-07-10 |

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 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 to exercise daily as tolerated. Reviewed recent labs with patient. No new labs needed this visit. The patient verbalize understanding of the above planet was giving 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. Anxiety, continue current plan.
2. Gastroesophageal reflux disease, continue current plan.
3. Coronary artery disease, continue current plan.
4. Depression, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Osteoarthritis with chronic pain, continue current plan.
7. Hypertension with vascular, continue current plan.
8. Diabetes mellitus type 2 with neuropathy, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Insomnia, continue current plan.
11. Neuropathy, continue current plan.

No medication refills needed this visit.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) 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 | |
| Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 | |

| | | |
|---|--------|------------|
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 |
| Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A | Active | 2015-10-01 |
| Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) 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 |
| Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A | Active | 2015-10-01 |
| Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 |
| Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A | Active | 2015-10-01 |
| Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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 |
| Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A | Active | 2015-10-01 |
| Headache (ICD10:R51 Headache) Unknown or N/A | Active | 2015-10-01 |
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 |

Allergies:

| Description | Status | Start Date | End Date |
|---------------------------|--------|------------|----------|
| Aspirin Unknown or N/A | Active | | |

Surgeries:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Bypass heart surgery at 2011 Unknown or N/A | Active | 2015-08-12 | |
| Stent surgery Unknown or N/A | Active | 2015-08-12 | |
| Hernia surgery Unknown or N/A | Active | 2015-08-12 | |
| Mammogram in 2008 Unknown or N/A | Active | | |

| | |
|---------------------------------------|--------|
| Colonoscopy in 2008 Unknown or N/A | Active |
| Hysterectomy Unknown or N/A | Active |
| Heart valve 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:

Primary Justification Medical Conditions: Depression,diabetes,Heart_Disease,HTN,hyperlipidemia,Myocardial_Infarction

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 acute kidney failure and inability to self medicate correctly.

Certification Statement: Patient is home bound due to diabetes-2, and acute kidney failure. Patient is weak with poor balance and has an increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2017-01-03 05:44

Signed By (Physician): 18

Signed on (Physician): 2017-01-10 05:44

Form_status: finalized

DME:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Alcohol wipes (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Test Strips 100 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Lancets 100 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Blood Glucose Monitor 1 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Batteries 2 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Control Solution 1 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Lancing Device/ Penlet 1 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha | Active | 2015-10-01 | |
| Probe Covers Unknown or N/A | Active | | |

| | |
|------------------|--------|
| Sharps Container | Active |
| Unknown or N/A | |
| Cane | Active |
| Unknown or N/A | |
| Exam Gloves | Active |
| Unknown or N/A | |

Procedure Order:

| | | | |
|--------------|---------------------|----------------|---------------------|
| Patient ID | 3910 | Order ID | 1435 |
| Patient Name | Mims, Brenda | Ordered By | Love-Jones, Derrick |
| Order Date | 2017-01-03 00:00:00 | Print Date | 2017-02-12 |
| Order Status | complete | Encounter Date | 2017-02-12 |
| 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 **2017-01-10**.

Printed on 12-Feb-2017 18:01:21 pm.