

Mythia Joseph: Patient Information
Patient Record Number:5569

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: Mythia Joseph

External ID: 5569

DOB: 1975-09-17

Sex: Female

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXZms5aVEyYIBZa0U>

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: 07-25-2016.

Risk Factors: Lumbago.

Family History:

Last Recorded On: 07-25-2016.

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: 07-25-2016.

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: 07-25-2016.

Vitamin D (6 mo if on pills) Abnormal Done at Evolution Health Laboratory Services on 11/10/2014, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done at Evolution Health Laboratory Services on 11/10/2014, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done at Evolution Health Laboratory Services on 11/10/2014, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Normal Done at Evolution Health Laboratory Services on 11/10/2014, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Abnormal Done at Evolution Health Laboratory Services on 11/10/2014, 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 09-June-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 in her lower extremity bilaterally.

History of Present illness:

HPI Status:Finalized

A 40-year-old African American female in NAD with multiple chronic conditions of tachycardia, depression, bipolar, chronic pain, anxiety, back disorder, mononeuritis, tachycardia and abnormal gait. No CP, SOB or N/V. Patient complains of muscle spasms in LE bilaterally with no relief. Patient has past medical history of back injury and surgery which continues to cause her severe pain. Patient is wheelchair bound.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-09	120	74	185.00	66.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Geometrische Optik:

Wish you could see this? YES

Not ENDED YET! D458

Neuroscience Letters

No. 11-100000-10 Reverting

No. 600-11-BMTC

No Double Time Vertisan

No Christian Content

No Copyright Content
No Blatant Instruction

Physical Exam:

REMARKS:

BUTYRYLCHOLINESTERASE IN CSF AND PLASMA OF NEWBORN DEAD PATIENTS-Within Normal Limits

EXTREMITIES:

SONNITEST - FORM 500-01-01 (REV. 11-2014) - REFERENCE LIMITS Limits in Normal Limits.

CV:

Reflexes-None Normal Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Cyclobenzaprine HCl ,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 by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
PARoxetine HCl ,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	2016-03-15
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Cyclobenzaprine HCl ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
PARoxetine HCl ,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	2016-02-10
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Lumbago with chronic pain continue current plan.
2. Neuropathy, continue current plan.
3. Bipolar, continue current plan.
4. Anxiety, continue current plan.
5. Depression, continue current plan.
6. Chronic pain syndrome, continue current pain medication.

Medication refills as follows: Tramadol 50 mg t.i.d., Paxil 20 mg q.d. and gabapentin 600 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
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:

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

Surgeries:

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

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): 2016-06-09 05:29

Signed By (Physician): 18

Signed on (Physician): 2016-06-16 05:29

Form_status: finalized

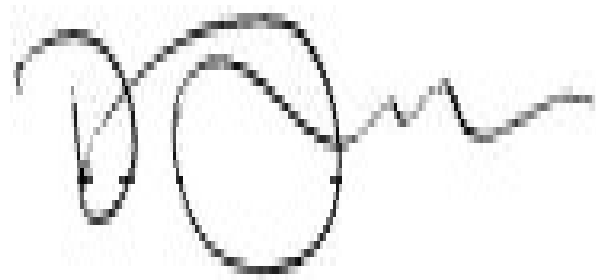
DME:

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

Procedure Order:

Patient ID	5569	Order ID	608
Patient Name	Joseph, Mythia	Ordered By	Love-Jones, Derrick
Order Date	2016-09-02	Print Date	2016-09-02
Order Status	complete	Encounter Date	2016-09-02
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-02		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-06-14**.

Printed on 02-Sep-2016 09:29:36 am.