

Lanell Hunger: Patient Information
Patient Record Number:2534

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: Lanell Hunger
External ID: 2534
DOB: 1945-01-04
Sex: Female
S.S.: 449-90-9823
Marital Status: Widowed
User Defined: 214-722-5729
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5ZEhmaFRCQ1BHVmc>

Address: 3494 Kingbridge St
City: Dallas
State: Texas
Postal Code: 75212
Country: USA
Emergency Phone: 972-237-1943
Work Phone: 972-237-1905
Mobile Phone: 496-206-0640
Street Address: 3494 Kingbridge St
Apt/Suite/Other: 212

Past Medical History:

Last Recorded On: 10-06-2016.
Risk Factors: Incontinence,Urinary Tract Infections.
Additional Medical History: diarrhea.

Primary Family Med Conditions:

Last Recorded On: 10-06-2016.
Chronic Conditions: Diabetes,Hypertension.

Social History:

Last Recorded On: 10-06-2016.
Tobacco: Current every day smoker 1/2 PPD smoking **Status:** Current
Alcohol: **Status:** Never
Recreational Drugs: **Status:** Never
Nutrition History: ADA 1800 cal..
Developmental History: Good..

Tests and Exams:

Last Recorded On: 10-06-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr. Sumana Ketha
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr. Sumana Ketha
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 08/20/2014, at MetroStat, Ordered by Dr. Sumana Ketha
CBC Complete Blood Count (3 months) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 08/20/2014, at MetroStat,
Ordered by Dr. Sumana Ketha
UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 09/11/2014, at LabCorp,
Ordered by Dr. Sumana Ketha
Urine Culture (prn) Abnormal Done on 09/11/2014, at LabCorp, Ordered by Dr. Sumana Ketha
Mammogram (>40yrs, Yearly) N/A 2014
PAP Smear N/A 2014
Ultrasound Normal On 03/27/2015, bilateral lower extremity venous Doppler ultrasound was normal.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1994-04-01
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 : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2014-11-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 449909823A
Group Number :
Employer Name : Lanell Hunger
Copay :
Insured ID Number : 500323836
Group Number :
Employer Name : Lanell Hunger
Copay :
Insured ID Number : 500323836
Group Number :
Employer Name : Lanell Hunger

Immunizations:

Lanell Hunger: Chief Complaint
Patient Record Number:2534

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Seen by Darolyn Perkins
Seen on 27-July-2016

Chief Complaint Status:finalized

Follow up home visit for the management of chronic conditions. Patient continues to complain of burning when urinating and itching

History of Present illness:

HPI Status:Finalized

A 71-year-old female in no acute distress with multiple chronic conditions include management of bipolar, cerebrovascular accident, GERD, abnormal gait, hypothyroidism, hypertension, diabetes mellitus type 2, and cataract. Patient continues to complain of itching and burning when urinating.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|------|------|-------------|-------|------|-----|-----------|
| 2016-07-27 | 123 | 67 | 0.00 | 0.00 | 98.20 | 18.00 | ~ | 0.0 | 0.00 |

Review of Systems:

Constitutional:

Weight loss/gain:

No Significant Weight Change

No Significant Weight Change

No Significant Weight Change

No Significant Weight Change

No Significant Weight Change

No Significant Weight Change

No Significant Weight Change

Physical Exam:

EXAMINATIONS:

HEENT: Eyes - Within Normal Limits .

HEENT:

HEENT: Eyes - Within Normal Limits .

HEENT:

HEENT: Eyes - Within Normal Limits .

HEENT:

HEENT: Eyes - Within Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-05-08 | |
| Fluticasone Propionate ,50 MCG/ACT SUSP, 2 sprays in each Nostrel everyday, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-04-23 | |

| | | |
|---|--------|------------|
| Actos ,15 MG TABS, TAKE 1 TABLET ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-03-30 |
| Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-03-30 |
| Diltiazem HCl ,120 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-03-30 |
| Levothyroxine Sodium ,25 MCG TABS, ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-03-30 |
| PriLOSEC ,20 MG CPDR, TAKE 1 CAPSULE DAILY AS NEEDED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-03-30 |
| Loratadine ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-03-04 |
| Loratadine ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-01-28 |
| TRUEtest Test , STRP, USE 2 TIMES DAILY AS DIRECTED BY PHYSICIAN EXPIRE DATE:___/___ ELMCROFT-IRVING, Quantity: 100, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-01-06 |
| Ventolin HFA ,108 (90 Base) MCG/ACT AERS, USE 1 TO 2 PUFFS BY INHALATION ROUTE 2 TIMES DAILY AS NEEDED FOR RESCUE NOT TO BE USED WHILE ON NEBULIZER MEDICATION, Quantity: 1, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-01-06 |
| Symbicort ,80-4.5 MCG/ACT AERO, INHALE 2 PUFFS TWICE DAILY RINSE MOUTH AFTER USE, Quantity: 13.8, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2014-11-20 |
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, 2 puffs 4 times a day, Quantity: 17, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2014-10-28 |

Plan Note:

Plan Note Status:Finalized

Ordered a urine specimen.

1. Bipolar disorder, continue medications.
2. Cerebrovascular accident, continue current treatment. uses walker.
3. Gastroesophageal reflux disease, continue current treatment.
4. Abnormal gait, uses walker.
5. Hypothyroidism, continue medications.
6. Hypertension, continue medications. educated the patient to have low-fat, low-salt, and low- cholesterol diet and exercise.
7. Diabetes mellitus type 2, on medications. Educated the patient on adjusting medications.

8. Cataract, follow up with ophthalmology.
9. Patient complain of itching and burning when urinating.
10. Anxiety, p.r.n. Xanax 0.25 mg b.i.d.
11. Hyperlipidemia, on medications. Labs ordered.
12. Onychomycosis.
13. Medication adherence was given to the patient. Continue treatment as planned.
14. 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.
15. Reviewed old records of the patient.
16. Follow up appointment in 4-6 weeks.

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Diarrhea (ICD10:R19.7 Diarrhea, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) 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 | |
| Cerebral artery occlusion, unspecified with cerebral infarction (ICD10:I63.50 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery) Unknown or N/A | Active | 2015-10-01 | |
| Late effects of cerebrovascular disease, speech and language deficit, unspecified (ICD10:I69.928 Other speech and language deficits following unspecified cerebrovascular disease) Unknown or N/A | Active | 2015-10-01 | |
| Late effects of cerebrovascular disease, monoplegia of upper limb affecting dominant side (ICD10:I69.931 Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side) Unknown or N/A | Active | 2015-10-01 | |
| Irritable bowel syndrome (ICD10:K58.9 Irritable bowel syndrome without diarrhea) Unknown or N/A | Active | 2015-10-01 | |
| 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 | |
| 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 | |
| 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 | |
| Right leg swelling (ICD10:M79.89 Other specified soft tissue disorders) Unknown or N/A | Active | 2015-10-01 | |
| Acute exacerbation of chronic obstructive pulmonary disease [COPD] (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A | Active | 2015-10-01 | |
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2015-10-01 | |

| | | |
|--|--------|------------|
| Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A | Active | 2015-10-01 |
| Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Bipolar I disorder, single manic episode, unspecified (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 |
| Other late effects of cerebrovascular disease (ICD10:I69.998 Other sequelae following unspecified cerebrovascular disease) 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 |
| Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Trigeminal neuralgia (ICD10:G50.0 Trigeminal neuralgia) Unknown or N/A | Active | 2015-10-01 |
| Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A | Active | 2015-10-01 |
| Extrinsic asthma, unspecified (ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A | Active | 2015-10-01 |
| Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) 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 |
| Unspecified cataract (ICD9:366.9 Unspecified cataract) Unknown or N/A | Active | |
| Impacted cerumen (ICD9:380.4 Impacted cerumen) Unknown or N/A | Active | |
| Other specified anomalies of skin (ICD9:757.39 Other specified anomalies of skin) Unknown or N/A | Active | |
| Routine gynecological examination (ICD9:V72.31 Routine gynecological examination) Unknown or N/A | Active | |
| Dermatophytosis of nail (ICD9:110.1 Dermatophytosis of nail) Unknown or N/A | Active | |
| Acute bronchitis (ICD9:466.0 Acute bronchitis) Unknown or N/A | Active | |
| Bipolar I disorder, most recent episode (or current) unspecified (ICD9:296.7 Bipolar I disorder, most recent episode (or current) unspecified) Unknown or N/A | Active | |
| Hypertensive disorder (ICD9:997.91 Complications affecting other specified body systems, not elsewhere classified, hypertension) Unknown or N/A | Active | |
| Abnormality of gait (ICD9:781.2 Abnormality of gait) Unknown or N/A | Active | |

| | |
|---|--------|
| Gastroesophageal reflux disease (ICD9:530.81 Esophageal reflux) Unknown or N/A | Active |
| Large Pullups Unknown or N/A | Active |

Allergies:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| No Known Drug Allergies 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:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: P

Certification Statement:

Signed by (NP):

Signed On (NP):

Signed By (Physician):

Signed on (Physician):

Form_status: pending

Printed:

DME:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| J and J medical Supply- Incontinence Supplies (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A | Active | | |
| Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered therapeutic shoes for foot deformity from Dr. Duru (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A | Active | | |
| Large pullups (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A | Active | | |
| Underpads (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A | Active | | |
| Wipes (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A | Active | | |
| Skin barrier cream (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A | Active | | |

