

Shaverisha Hayes: Patient Information
Patient Record Number:5873

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: Shaverisha S Hayes
External ID: 5873
DOB: 1988-06-17
Sex: Female
Marital Status: Single

Address: 3006 Mesa View Dr
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Emergency Contact: 469-348-1541
Home Phone: 469-765-2298
Street Address: 3006 Mesa View Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-12-2016.
Father: Father is alive with complaint of schizophrenia. .
Mother: Mother is alive..
Siblings: None..
Offspring: None..

Social History:

Last Recorded On: 10-12-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade + 1-2 years..

Tests and Exams:

Last Recorded On: 10-12-2016.
Mammogram (>40yrs, Yearly) N/A Done in 2016.
PAP Smear N/A Done in 2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 509264060
Group Number :
Employer Name : Shaverisha Hayes

Immunizations:

Shaverisha Hayes: Chief Complaint
Patient Record Number:5873

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Seen by Sumana Ketha MD
Seen on 06-September-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions of depression, lumbago, asthma, gastroesophageal reflux disease, schizophrenia, anxiety and chronic pain syndrome. Patient complains of back pain that radiates into her left.

History of Present illness:

HPI Status:Finalized

A 28-year-old African-American female in NAD with multiple chronic conditions of the following depression, lumbago, asthma, gastroesophageal reflux disease, schizophrenia, anxiety and chronic pain syndrome. Patient admits to a motor vehicle accident in 2015 that caused lower back pain, knee pain, and hip pain. Patient denies any allergies to any medications or food at this time. Patient rates her pain today at 7/10 and states she gets relief with current pain medication. 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
2016-09-06	121	85	164.00	63.00	98.20	18.00	~	29.0	0.00

Review of Systems:

Constitutional:

Weight loss No
Appetite No
Depression Yes
Anxiety Yes
Headache No
Diarrhea No
Constipation No
Other No

Physical Exam:

HEENT:

Head No
Eyes No
Ears No
Nose No
Throat No

HEENT:

Head No
Eyes No
Ears No
Nose No
Throat No

PSYCH:

Mood No
Affect No
Thoughts No
Perception No
Insight No
Judgment No

RESP:

Respiratory No
Cough No
Sputum No
Wheezes No
Rales No
Rhonchi No

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. 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 was encouraged to exercise daily as tolerated. Full set of labs of the following ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan and was given 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. Lumbago with sciatica, continue current plan.
2. Asthma, continue current plan.
3. Anxiety, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Schizophrenia, continue current plan.
6. Depression, continue current plan.
7. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

Zoloft 5 mg q.d.
Pro-Air INH
Norco 10/325mg t.i.d.
Nexium 40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-09-06	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-09-06	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-09-06	

Allergies:

Description	Status	Start Date	End Date
Apple Juice Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Cyst on chest and eye were removed at young age. Unknown or N/A	Active		
Motor vehicle accident in 2015. Unknown or N/A	Active		
Hospitalized for sprained knee in 2016. 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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia,Rheumatoid Arthritis_Osteoarthr,Asthma,Depression

Additional Medical Conditions: Lumbago, Anxiety, GERD, Chronic Pain Syndrome

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

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

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

Signed by (NP): 16

Signed On (NP): 2016-09-06 02:59

Signed By (Physician): 18

Signed on (Physician): 2016-09-13 02:59

Form_status: finalized

Printed:

Procedure Order:

Patient ID	5873	Order ID	983
Patient Name	Hayes, Shaverisha S	Ordered By	Love-Jones, Derrick
Order Date	2016-10-12	Print Date	2016-10-12
Order Status	pending	Encounter Date	2016-10-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
007: CBC											



Electronically Signed by **Sumana Ketha, MD** on **2016-09-13**.

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