

Sarah Khan: Patient Information
Patient Record Number:3632

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: Sarah Khan
External ID: 3632
DOB: 1952-10-13
Sex: Female
S.S.: 454-37-4506
User Defined: Schedule on Mon, Wed & Friday
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXTDFUd1VRa19INTQ>

Address: 3547 Ridgeoak Way
City: Farmers Branch
State: Texas
Postal Code: 75234
Country: USA
Home Phone: 469-831-8121
Street Address: 3547 Ridgeoak Way, Farmers Branch
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-17-2016.
Additional Medical History: Parkinson's disease..

Family History:

Last Recorded On: 08-17-2016.
Father: Reviewed and same..
Offspring: Patient has three children..

Primary Family Med Conditions:

Last Recorded On: 08-17-2016.
Chronic Conditions: Diabetes,Heart Failure,Hypertension.

Social History:

Last Recorded On: 08-17-2016.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Good..
Developmental History: Educational level is masters..
Work Status: Disabled.
Other History: Influenza in 2014. Pneumovax in 2012. PAP 5 years ago. Physical in 2014..

Tests and Exams:

Last Recorded On: 08-17-2016.
CBC Complete Blood Count (3 months) Abnormal Done on 05/15/2014, at MetroStat, Ordered by Dr. Sumana Ketha.
CXR - Chest X Ray N/A

Mammogram (>40yrs, Yearly) N/A Done 3 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 : 2013-05-01

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 : 454374506W

Group Number :

Employer Name : Sarah Khan

Copay :

Insured ID Number : 454374506W

Group Number :

Employer Name : Sarah Khan

Copay :

Insured ID Number : 525623098

Group Number :

Employer Name : Sarah Khan

Immunizations:

Sarah Khan: Chief Complaint
Patient Record Number:3632

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Seen by Derrick Love-Jones
Seen on 13-April-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline in medical conditions including diabetes mellitus type 2, hypertension, coronary artery disease, Parkinson's disease, and Neuropathy. Patient complains of increase in tremors and have now spread to her feet and toes.

History of Present illness:

HPI Status:Finalized

A 63-year-old female NAD with multiple chronic conditions including diabetes mellitus type 2, hypertension, restless leg syndrome, Psoriasis, and Parkinson's disease. Patient states her tremors have increased and has also moved to her feet and toes. Patient denies any pain. Patient denies any other issues upon examination. Patient denies any hypoglycemia episodes since last visit and foot check revealed minor issues. Patient denies any chest pain, headache, nausea vomiting upon examination.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-04-13	150	73	281.00	66.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Epithelial-Mesenchymal Transition:

IN THE SUPREME COURT OF THE UNITED STATES

No Discrimination

No Discontinuation

No Disruptive Disruptive

No Estimation

No MOPAD

No Changes In Mentation

Physical Exam:

SUMMARY:

Need Drilling Or Re-drilling Big Vertical Nasa Turbines-Within Normal Limits .

EXTREMITIES:

BEARING CAPACITY FROM LONG TERM DESIGN NOMINAL LIMITS

CYMPH:

Normal Value (2 Large Units) and -Möb, Alert and Limits X3-Within Normal Limits .

MUSC:

Peripheral Elevation Within Normal Limits .

ROM-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Fluocinonide ,0.05 % OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 120, Refill Quantity: 2			
Unknown or N/A	Active	2016-04-14	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Accu-Chek Active , STRP, Test 3 times a day to monitor blood sugars, Quantity: 100, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-22
NovoLOG Mix 70/30 FlexPen ,(70-30) 100 UNIT/ML SUPN, INJECT SUBCUTANEOUSLY 85 UNITS EVERY MORNING AND 60 UNITS EVERY EVENING, Quantity: 45, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-22
MiraLax , PACK, 1 Packet in 8 ounces of water daily for constipation Hold if diarrhea starts, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-02
Furosemide ,20 MG TABS, Take One Tablet By Mouth Twice A Day, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2014-12-09

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as with 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 little 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. No labs need it this visit. The patient verbalize understanding of the above planet 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. Tremors followup with neurologist.
2. Restless leg syndrome, continue current plan.
3. Diabetes mellitus type 2, continue current plan.
4. Hypertension, continue current plan.
5. Parkinson's disease, continue current plan.
6. Coronary artery disease, continue current plan.
7. Psoriasis, continue current plan.
8. Constipation, continue current plan.
9. First AV block, continue current plan.
10. Neuropathy, continue current plan.
11. Morbid obesity, continue current plan.

Medication refills as follows: Fluocinonide ointment 0.05% apply sparingly to affected area.

Medical Problem:

Description	Status	Start Date	End Date
Other psoriasis (ICD10:L40.8 Other psoriasis) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
First degree atrioventricular block (ICD10:I44.0 Atrioventricular block, first degree) Unknown or N/A	Active	2015-10-01	
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	

Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) 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 respiratory abnormalities (ICD10:R06.89 Other abnormalities of breathing) 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
Secondary parkinsonism (ICD10:G21.9 Secondary parkinsonism, unspecified) Unknown or N/A	Active	2015-10-01
Dyspnea (ICD10:R06.89 Other abnormalities of breathing) Unknown or N/A	Active	2015-10-01
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01
Paralysis agitans (ICD9:332.0 Paralysis agitans) Unknown or N/A	Active	2015-04-07

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		
Lisinopril Unknown or N/A	Active		
Nitroglycerin Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Gallbladder surgery Unknown or N/A	Active		
3 C-Sections Unknown or N/A	Active		
Appendectomy Unknown or N/A	Active		
colonoscopy Unknown or N/A	Active		
Stunt in heart 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: Integrity Home Health Care Services

Primary Justification Medical Conditions: Asthma,Depression,diabetes,hyperlipidemia,HTN,Mobility_Impairments

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to Parkinson's disease and the inability to self medicate correct

Certification Statement: Skilled nursing is needed due to Parkinson's disease and the inability to self medicate

Signed by (NP): 16

Signed On (NP): 2016-04-13 02:51

Signed By (Physician): 18

Signed on (Physician): 2016-04-20 02:51

Form_status: finalized

Printed: NO

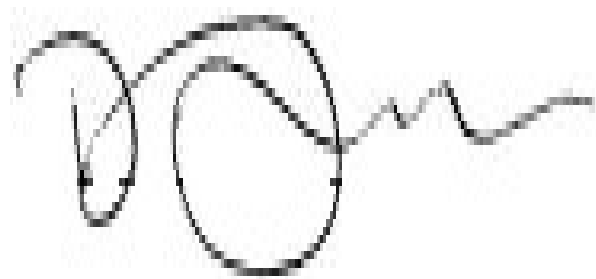
DME:

Description	Status	Start Date	End Date
Diabetic Supplies (ICD10:M21.6X9 Other acquired deformities of unspecified foot) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	

Procedure Order:

Patient ID	3632	Order ID	465
Patient Name	Khan, Sarah	Ordered By	Love-Jones, Derrick
Order Date	2016-09-26	Print Date	2016-09-26
Order Status	complete	Encounter Date	2016-09-26
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-26		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-04-18**.

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