

Anita Verdell: Patient Information
Patient Record Number:5788

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: Anita Verdell
External ID: 5788
DOB: 1984-09-14
Sex: Female
Marital Status: Single
User Defined: 214-624-0206
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXcjlyOUZpOFB5bW8>

Address: 358 N Jim Miller Road
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Guardian's Name: 214-624-0206
Emergency Phone: 469-703-6651
Home Phone: 214-854-9628
Work Phone: 972-589-2498
Mobile Phone: 214-962-7190
Street Address: 358 N Jim Miller Road
Apt/Suite/Other: Building #358, Apt #1076

Past Medical History:

Last Recorded On: 07-22-2016.
Risk Factors: GERD.
Additional Medical History: right knee torn tendon and ovarian cyst rupture..

Family History:

Last Recorded On: 07-22-2016.
Offspring: Three children..
Other Family Relative: Grandmother had breast cancer, HTN, and DM II.

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.
Chronic Conditions: Diabetes,Hypertension,Female/Male Breast Cancer.

Social History:

Last Recorded On: 07-22-2016.
Tobacco: Current every day smoker Smokes 6 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Good..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2014-11-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 505590257
Group Number :
Employer Name : Anita Verdell
Copay :
Insured ID Number : 505590257
Group Number :
Employer Name : Anita Verdell

Immunizations:

Anita Verdell: Chief Complaint
Patient Record Number:5788

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Seen by Sumana Ketha MD
Seen on 07-July-2016

Chief Complaint Status:finalized

Followup home visit for management of asthma, hypertension, osteoarthritis, chronic pain, bipolar, obesity, gastroesophageal reflux disease, depression, schizophrenia, and tobacco use. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

An 31-year-old AA female in NAD with multiple chronic conditions of asthma, hypertension, osteoarthritis, depression, and schizophrenia . Patient states that she has had severe pain in both knees. No swelling noted upon examination. Patient rates pain 8/10 at this time. Patient does admit that current pain medication does help relieve her pain. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-07	185	122	210.00	61.00	97.60	20.00	~	39.7	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No Weight Change
No Fever
No Night Sweats
No Chills
No Fatigue
No Anorexia
No Polyphagia
No Polydipsia
No Nocturia
No Urinary Frequency
No Urinary Incontinence
No Urinary Retention
No Urinary Obstruction
No Gout
Back Pain YES
No Paresthesia
Muscle Pain YES
No Limitation In Range Of Motion

Physical Exam:

HEENT:

HEENT-Within Normal Limits .

EXAMINATIONS:

EXAMINATIONS-Within Normal Limits .

CV:

CV-Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-24
Norco ,10-325 MG TABS, Take One Tablet By Mouth Twice A day, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-24
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15
Benadryl ,25 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15
Norco ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15
Sertraline HCl ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15
TraZODone HCl ,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-15

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue current plan and PT/OT.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Gastroesophageal reflux disease, continue current plan.
4. Chronic pain syndrome, continue pain medication.
5. Bipolar, stable.
6. Asthma, on nebulizers.
7. Depression, monitor.
8. Schizophrenia, continue medications.
9. Medication refills as follows: Norco 10/325 mg t.i.d.
10. Medication adherence was given to the patient. Continue treatment as planned.
11. 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.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
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Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) 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
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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
Other chronic pain (ICD10:G89.29 Other chronic pain) 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
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) 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
Obesity, unspecified (ICD10:E66.9 Obesity, 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
C-section 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

Primary Justification Medical Conditions: Asthma,bipolar,Depression,HTN,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to schizophrenia , and inability to self medicate.

Certification Statement: Patient is home-bound due to chronic pain and schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-07-07 05:33

Signed By (Physician): 18

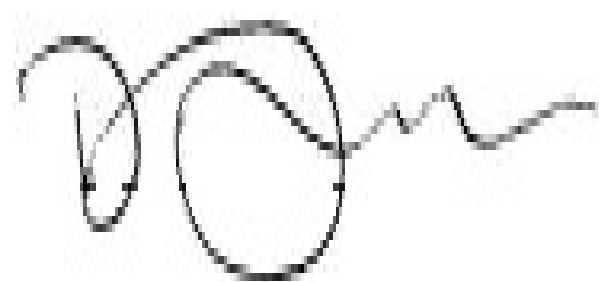
Signed on (Physician): 2016-07-14 05:33

Form_status: finalized

Procedure Order:

Patient ID	5788	Order ID	700
Patient Name	Verdell, Anita	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-13**.

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