

**James Jones: Patient Information**  
Patient Record Number:6106

**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:** James Jones  
**External ID:** 6106  
**DOB:** 1958-07-29  
**Sex:** Male  
**Patient Drive Folder:** 0B0x\_tbqdBDPhak9CZ0NIQjNqaDQ

**Address:** 12209 GALVA DR  
**City:** DALLAS  
**State:** Texas  
**Postal Code:** 75243  
**Country:** USA  
**Emergency Phone:** 214-562-6623  
**Home Phone:** 972-788-2420  
**Mobile Phone:** 972-235-6719  
**Street Address:** 12209 GALVA DR  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 01-26-2017.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 01-26-2017.  
**Tobacco:** Nonsmoker. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..

## Tests and Exams:

**Last Recorded On:** 01-26-2017.

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2016-03-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 518267372  
**Group Number :**  
**Employer Name :** James Jones

**Immunizations:**

**James Jones: Chief Complaint**  
Patient Record Number:6106

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**Seen by** Sumana Ketha MD  
**Seen on** 18-January-2017

**Chief Complaint Status:**finalized

Followup home visit to prevent further decline of chronic medical conditions of osteoarthritis, with chronic pain, chronic pain syndrome, depression, hypertension, lumbago and anxiety. Patient complains of knee pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 58-year-old African-American male in no acute distress with multiple chronic conditions of chronic pain, osteoarthritis, lumbago, hypertension, depression, and anxiety. Patient states that he has knee pain for many years and that it is chronic. Patient denies any chest pain, headache, and nausea recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2017-01-18	115	83	160.00	68.00	97.40	16.00		24.3	0.00

## Review of Systems:

**Constitutional:**

**Geometric Algebraic Topology:**

**NEEDS TO BE YES**

**Non-Sterile Ointment**

**No significant differences**

**No ~~Random~~ tests**

No Discharge or Rental of Motion

### Physical Exam:

**SUMMARY:**[illegible]

**EXTREMITIES:**

**SECTIONS 1001 AND 1002, UNIFORM PROBATE CODE: Marital Deductions Limits.**

**WV:SC:**

Beck of the Within-Market Limits..

ROM With Rumb, Galap, Ls, Mts Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2016-03-08	
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls			
Xanax ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0	Active	2016-03-08	
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls			

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged to exercise daily as tolerated. No labs needed at this time. Patient was instructed to go to the ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision orthostatic blood pressure greater than 200. 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. Osteoarthritis with chronic pain, continue current plan.
2. Anxiety, continue current plan.
3. Depression, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Lumbago with chronic pain, continue current plan.

Medication refills as follows,

Norco 10/325 mg t.i.d.

Alprazolam 1 mg b.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-09-01	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity ( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-09-01	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-08	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-08	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-08	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-03	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-03-03	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-03-03	

## 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: YES

Is House Visit Needed: YES

**Next Visit Duration (in days):** 31  
**Current home health agency:**  
**Primary Justification Medical Conditions:** Rheumatoid Arthritis\_Osteoarthr,HTN,Depression  
**Additional Medical Conditions:** Anxiety, chronic pain.  
**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:** No skilled nursing needed  
**Certification Statement:**  
**Signed by (NP):** 16  
**Signed On (NP):** 2017-01-18 03:41  
**Signed By (Physician):** 18  
**Signed on (Physician):** 2017-01-25 03:41  
**Form\_status:** finalized

## Procedure Order:

Patient ID	6106	Order ID	1516
Patient Name	Jones, James	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2017-01-25**.

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