

Jimmy BrownJr: Patient Information
Patient Record Number:1274

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: Jimmy Lee BrownJr
External ID: 1274
DOB: 1970-01-23
Sex: Male
S.S.: 452-35-2055
Marital Status: Single

Address: 3727 Malcolm X Blvd
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Home Phone: 214-434-8436
Street Address: 3727 Malcolm X Blvd
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-23-2016.
Risk Factors: Chronic Pain,Neuropathy,Seizures,Severe Migraine.
Additional Medical History: Allergic Rhinitis Herniated back disc.

Family History:

Last Recorded On: 10-23-2016.
Father: Father had hypertension..
Mother: Mother had hypertension, osteoarthritis, and asthma..
Offspring: Patient has 2 children..

Primary Family Med Conditions:

Last Recorded On: 10-23-2016.
Chronic Conditions: Asthma,Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 10-23-2016.
Tobacco: Current every day smoker Smokes 12 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: Marijuana **Status:** Current
Nutrition History: Regular diet..
Developmental History: Good..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-23-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2012-08-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 524869902
Group Number :
Employer Name : Jimmy BrownJr

Immunizations:

Jimmy Brown Jr: Chief Complaint
Patient Record Number:1274

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Seen by Sumana Ketha MD
Seen on 15-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, chronic pain, epilepsy, anxiety, thoracic lumbar neuropathy, asthma, osteoarthritis, migraine, tobacco use, allergic rhinitis, and abnormality of gait. Patient complains of lower back pain and neck pain.

History of Present illness:

HPI Status:Finalized

Patient is a 46-year-old AA male in NAD with multiple chronic conditions of hypertension, osteoarthritis, chronic pain, epilepsy, and anxiety. Patient states that he has lower back and neck pain and has been having issues walking. Patient rates pain at 7/10 at this time. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	140	83	150.00	64.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Systemic/General/Constitutional:

No Weight Change
No Fever
No Chills
No Night Sweats
No Anorexia
No Change In Range Of Motion
No Change In Nature Of Urine
No Change In Bowel Habits
No Bleeding Gums
No Bleeding Stool
No Use Of Dentures

Physical Exam:

HEENT:

Head: Within Normal Limits .

ENT:

Ears: Within Normal Limits .

CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Carbamazepine ,200 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3	Active	2016-07-16	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

NexIUM ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2016-07-16
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
Propranolol HCl ,40 MG TABS, TAKE 1 TABLET BY MOUTH TWICE PER DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2016-07-16
Propranolol HCl ,40 MG TABS, TAKE 1 TABLET BY MOUTH TWICE PER DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
CarBAMazepine ,200 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
Propranolol HCl ,40 MG TABS, TAKE 1 TABLET BY MOUTH TWICE PER DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take 1 Tablet By Mouth 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	2015-04-28
Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-28
Triamcinolone Acetonide ,0.1 % CREA, APPLY AND RUB IN A THIN FILM TO AFFECTED AREAS TWICE DAILY(AM AND PM), Quantity: 240, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-28
Atrovent HFA ,17 MCG/ACT AERS, INHALE 2 PUFFS TWICE DAILY, Quantity: 166.41, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
CarBAMazepine ,200 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Colace ,100 MG CAPS, TAKE ONE CAPSULE TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Propranolol HCl ,40 MG TABS, TAKE 1 TAB TWICE PER DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18

Proventil HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 6.7, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Qnasl ,80 MCG/ACT AERS, INSERT 1 SQUIRT IN ONE NOSTRIL EVERY DAY, ALTERNATING EACH NOSTRIL, Quantity: 8.7, Refill Quantity: 8 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Singulair ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-18
Qnasl ,80 MCG/ACT AERS, INSERT 1 SQUIRT IN ONE NOSTRIL EVERY DAY, ALTERNATING EACH NOSTRIL, Quantity: 8.7, Refill Quantity: 8 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-18

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as 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 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 encouraged to exercise daily as tolerated. Reviewed recent labs with patient. No labs needed this visit. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

Lumbosacral Neuritis continue current plan
OA w/chronic pain continue current plan
Neuropathy continue current plan
Constipation continue current plan
Chronic Pain Syndrome continue current pain medication
Asthma continue current plan
Epilepsy continue current plan
Chronic Migraines continue current plan
Muscle Spasms continue current plan
AR continue current plan
Abnormal Gait continue to monitor
Anxiety continue current plan
HLD continue current plan

Medication refills as follows:

Norco 10/325 mg t.i.d.
Pro-Air INH
Polyethylene Glycol 3350 qd
Pantrazole 40mg qd

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Thoracic or lumbosacral neuritis or radiculitis, unspecified (ICD10:M54.14 Radiculopathy, thoracic region) (ICD10:M54.15 Radiculopathy, thoracolumbar region) (ICD10:M54.16 Radiculopathy, lumbar region) (ICD10:M54.17 Radiculopathy, lumbosacral region) Unknown or N/A	Active	2015-10-01
Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus (ICD10:G43.909 Migraine, unspecified, not intractable, without status migrainosus) 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
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema, unspecified cause (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Thoracic or lumbosacral neuritis or radiculitis, unspecified (ICD10:M54.14 Radiculopathy, thoracic region) (ICD10:M54.15 Radiculopathy, thoracolumbar region) (ICD10:M54.16 Radiculopathy, lumbar region) (ICD10:M54.17 Radiculopathy, lumbosacral region) 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
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, 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		

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

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No skilled nursing needed.

Signed by (NP): 16

Signed On (NP): 2016-09-15 05:57

Signed By (Physician): 18

Signed on (Physician): 2016-09-22 05:57

Form_status: finalized

Procedure Order:

Patient ID	1274	Order ID	931
Patient Name	BrownJr, Jimmy Lee	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

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

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