

Justin Rylander: Patient Information
Patient Record Number:6004

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Justin Rylander

External ID: 6004

DOB: 1979-09-15

Sex: Male

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCNTdQcjhvSmU5NDA

Address: 3200 S Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Street Address: 3200 S Lancaster Rd

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Superior Health Plan Texas (39188)

Copay :

Insured ID Number : 525442687

Group Number :

Employer Name : Justin Rylander

Immunizations:

Justin Rylander: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 09-December-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions: HTN, Anxiety, Depression, Bipolar, Insomnia and Schizophrenia. Patient complains of not sleeping through the night.

History of Present illness:

HPI Status:Finalized

An 36-year-old male in NAD with multiple chronic conditions of hypertension, anxiety, depression, and bipolar. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Patient has back spasms that are relieved with OTC medication.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-09	129	91	188.00	69.00	97.40	16.00	~	27.8	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain:

- No Weight Loss
- No Weight Gain
- No Fatigue
- No Anorexia
- No Nausea
- No Vomiting
- No Diarrhea
- No Constipation
- No Night Sweats
- No Fever
- No Chills
- No Pruritus
- No Bleeding Gums
- No Petechiae
- No Bruising
- No Use Of Dentures

Physical Exam:

HEENT:

Head: Within Normal Limits .

EYES:

Visual Acuity: Within Normal Limits .

CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable.

HTN w/vascular complications continue current plan

Anxiety continue current plan

Insomnia continue current plan
Bipolar continue current plan
Schizophrenia continue current plan

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-12-09	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-12-09	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-12-09	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar I disorder, single manic episode, unspecified (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01	

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: bipolar,Depression,HTN,Schizophrenia
Additional Medical Conditions:
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 SN needed at this time.
Certification Statement:
Signed by (NP): 16
Signed On (NP): 2016-12-09 01:26
Signed By (Physician): 18
Signed on (Physician): 2016-12-16 01:26
Form_status: finalized

Procedure Order:

Patient ID	6004	Order ID	1333
Patient Name	Rylander, Justin	Ordered By	Love-Jones, Derrick
Order Date	2017-01-16	Print Date	2017-01-16
Order Status	complete	Encounter Date	2017-01-16
Lab	.HH Agency	Specimen Type>	

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

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