Mythia Joseph: Patient Information

Patient Record Number:5569

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: Mythia Joseph External ID: 5569 DOB: 1975-09-17 Sex: Female

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXZms5aVEyYIBZa0U

Address: 3335 Munger Ave #1401

City: Dallas State: Texas Postal Code: 75204 Country: USA

Home Phone: 214-517-4790 Mobile Phone: 469-245-4085 Street Address: 3335 Munger Ave

Apt/Suite/Other: 1401

Past Medical History:

Last Recorded On: 10-09-2016. Risk Factors: Lumbago.

Family History:

Last Recorded On: 10-09-2016.

Father: Died..
Mother: Died..

Offspring: 2 children, ages 12 and 21...

Other Family Relative: Parents were murdered. Grandparents with heart disease..

Social History:

Last Recorded On: 10-09-2016.

Tobacco: No smoking.
Alcohol: No alcohol.
Status: Never
Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well.. Work Status: Disabled.

Other History: Influenza November 2015...

Tests and Exams:

Last Recorded On: 10-09-2016.

Vitamin D (6 mo if on pills) Normal Done at Healthcore Laboratory Services on 03/07/2016, ordered

by Dr. Sumana Ketha

HbA, C Hemoglobin (if DM every 3 mo) Normal Done at Healthcore Laboratory Services on

07/22/2016, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done at Healthcore Laboratory Services on

03/07/2016, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done at Healthcore Laboratory Services on 07/22/2016, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done at Healthcore Laboratory Services on 07/22/2016, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done at Healthcore Laboratory Services on 03/07/2016, ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done at Evolution Health Laboratory Services on 06/16/2015, ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A Done **Sigmoid/Colonoscopy** N/A Done

Prostate Exam N/A Done.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2008-04-01 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: 314784822A

Group Number:

Employer Name: Mythia Joseph

Copay:

Insured ID Number: 519003383

Group Number:

Employer Name : Mythia Joseph

Immunizations:

Mythia Joseph: Chief Complaint Patient Record Number:5569

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> Seen by Derrick Love-Jones Seen on 31-August-2016

Chief Complaint Status: finalized

Followup home visit for management of tachycardia, depression, bipolar, chronic pain, anxiety, back disorder, mononeuritis, tachycardia and abnormal gait. Patient complain of weakness in her lower extremities and back pain.

History of Present illness:

HPI Status:Finalized

A 41-year-old African American female in NAD with multiple chronic conditions of tachycardia, depression, bipolar, chronic pain, anxiety, back disorder, mononeuritis, tachycardia and abnormal gait. No CP, SOB or N/V. Patient complains of weakness in lower extremities and back pain. Patient has past medical history of back injury and surgery which continues to cause her severe pain. Patient is wheelchair bound. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-31	114	73	189.00	66.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

elli delinget:

MAN SON CETS

MFG Menytigreg Of Motion

No Building Concepts

Ned Dipatrijktietiede pleartigents YES

No Closomyszójaba Coonntent

No Blostdulcti6tool

Physical Exam:

Marit Gent Medit /10 April My imphilisanche and pi**antity** - Within Normal Limits .

BXIEREMITIES:

in Maintille Bath Miller in Normal Limits .

CV:

Refiguations President Turbinates chicket in the second of the second o

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity:			
60, Refill Quantity: 0			
Unknown or N/A	Active	2016-07-14	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

LORazepam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0	
1	
Unknown or N/A Active 2016-07-14	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
Paxil ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill	
Quantity: 0	
Unknown or N/A Active 2016-07-14	
by Jones, Derrick - MJ3217331 Texas Physician House Calls	
Cyclobenzaprine HCI ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 0	
Unknown or N/A Active 2016-03-15	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3	
Unknown or N/A Active 2016-03-15	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3	
Unknown or N/A Active 2016-03-15	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
PARoxetine HCI ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3	
Unknown or N/A Active 2016-03-15	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
TraMADol HCI ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS	
NEEDED, Quantity: 90, Refill Quantity: 0	
Unknown or N/A Active 2016-03-15	
by Jones, Derrick - MJ3217331 Texas Physician House Calls	
Cyclobenzaprine HCl ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 0	
Unknown or N/A Active 2016-02-10	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3	
Unknown or N/A Active 2016-02-10	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING,	
Quantity: 30, Refill Quantity: 3	
Unknown or N/A Active 2016-02-10	
by Jones, Derrick - MJ3217331 Tayas Physician House Calls	
PARoxetine HCI ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30,	
Refill Quantity: 3	
Unknown or N/A Active 2016-02-10	
by Jones, Derrick - MJ3217331	
Texas Physician House Calls	
TraMADol HCI ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0	
Unknown or N/A Active 2016-02-10	
by Jones, Derrick - MJ3217331 Texas Physician House Calls	
Cyclobenzaprine HCl ,10 MG TABS, Take 1 Tablet By Mouth 3 Times Daily As Needed, Quantity: 90, Refill Quantity: 5	
Unknown or N/A Active 2015-02-23	
by ketha, Dr sumana - BK6230281	
Texas Physician House Calls	

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 ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged continue daily exercise as tolerated. No labs needed this visit. 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. Lumbago with chronic pain, continue current plan.
- 2. Generalized weakness in lower extremities, continue current plan.
- 3. Muscle spasms, continue current plan.
- 4. Anxiety, continue current plan.
- 5. Depression, continue current plan.
- 6. Tachycardia, continue current plan.
- 7. Abnormal gait, continue to monitor.
- 8. Bipolar continue current plan.

Medication refills as follows:

Tramadol 50 mg t.i.d. Paxil 20 mg q.d. Gabapentin 600 mg t.i.d.

Medical Problem:

Description	Ptatua.	Start Data	Fud Data
Description Muscle weakness (generalized)	Status	Start Date	End Date
(ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2016-08-31	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-13	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-13	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-13	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-13	
Bipolar disorder, in partial remission, most recent episode hypomanic (ICD10:F31.71 Bipolar disorder, in partial remission, most recent episode hypomanic) Unknown or N/A	Active	2016-06-09	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-03-15	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-02-09	
Unspecified abnormalities of gait and mobility (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-11-24	
Supraventricular tachycardia (ICD10:I47.1 Supraventricular tachycardia) Unknown or N/A	Active	2015-11-24	
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2015-10-28	
Encounter for screening for other disorder (ICD10:Z13.89 Encounter for screening for other disorder) Unknown or N/A	Active	2015-10-28	
Encounter for immunization (ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-28	

Bipolar II disorder (ICD10:F31.81 Bipolar II disorder) Unknown or N/A	Active	2015-10-19
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) 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
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) 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
Other unspecified back disorders (ICD10:M53.9 Dorsopathy, unspecified) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allerigies	Active		
Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy in 2007	Active	2015-08-17	
Unknown or N/A	Active	2013-00-17	
Lumbar Fusion at L4 and L5 in 2006	Active	2015-08-17	
Unknown or N/A	Active	2010-00-17	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: $\ensuremath{\mathsf{YES}}$

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

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 at this time.

Certification Statement: Patient is homebound due to mobility issues inability to self medicate correctly and use of pain

medication.

Signed by (NP): 16

Signed On (NP): 2016-08-31 04:13 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-07 04:13

Form_status: finalized

DME:

Des	scription	Status	Start Date	End Date
PWD wheelchair		Active		
Unknown or N/A		Active		

Procedure Order:

Patient ID	5569	Order ID	910
Patient Name	Joseph, Mythia	Ordered By	Love-Jones, Derrick
Order Date	2016-10-09	Print Date	2016-10-09
Order Status	complete	Encounter Date	2016-10-09
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 **Derrick Love-Jones** on **2016-09-07**.

Printed on 09-Oct-2016 21:38:59 pm.