

Herman Stewardjr: Patient Information
Patient Record Number:5695

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: Herman F Stewardjr
External ID: 5695
DOB: 1979-02-16
Sex: Male
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5eXNGZXBCOE5taVU>

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 12-24-2016.
Father: Father had HTN..
Mother: Mother had unknown cancer..

Primary Family Med Conditions:

Last Recorded On: 12-24-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 12-24-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug use. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-24-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 502129959
Group Number :
Employer Name : Herman Stewardjr

Immunizations:

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Chief Complaint Status:finalized
Follow up home visit for management of hypertension, insomnia, mood disorder, diabetes mellitus 2, anxiety, schizophrenia.
Patient complains of foot pain.

HPI Status:Finalized
A 37-year-old AA male in NAD with multiple chronic conditions of the following schizophrenia, mood disorder, hypertension with vascular complications, insomnia, anxiety and diabetes mellitus 2 with neuropathy. Patient states his feet have been hurting. Patient not able to describe the pain. Patient denies any other issues or complains upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-18	119	71	267.00	66.00	97.80	16.00	~	43.1	0.00

Constitutional:
~~1. No Use Of Alcohol~~
~~2. No Use Of Tobacco~~
~~3. No Use Of Marijuana~~
~~4. No Use Of Cocaine~~
~~5. No Use Of Heroin~~
~~6. No Use Of Amphetamines~~
~~7. No Use Of Barbiturates~~
~~8. No Use Of Benzodiazepines~~
~~9. No Use Of Antidepressants~~
~~10. No Use Of Antipsychotics~~
~~11. No Use Of Anesthetics~~
~~12. No Use Of Sedatives~~
~~13. No Use Of Muscle Relaxants~~
~~14. No Use Of Painkillers~~
~~15. No Use Of Blood Thinners~~
~~16. No Use Of Blood Pressure Medication~~
~~17. No Use Of Diabetes Medication~~
~~18. No Use Of Heart Medication~~
~~19. No Use Of Kidney Medication~~
~~20. No Use Of Liver Medication~~
~~21. No Use Of Lung Medication~~
~~22. No Use Of Stomach Medication~~
~~23. No Use Of Thyroid Medication~~
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SOUND:
S1,S2-Within Normal Limits .
S3,S4-Within Normal Limits .
MURMURS:
Aortic Regurgitation-Within Normal Limits .
Pulmonic Regurgitation-Within Normal Limits .
CV:
R-R-Within Normal Limits .
Rate-70/min
Murmur,Rubs,Gallops-Within Normal Limits .

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. 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. 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. Prognosis is fair and patient is stable.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.

2. Anxiety, continue current plan.
3. Hypertension with vascular, continue current plan.
4. Insomnia, continue current plan.
5. Mood disorder, continue current plan.
6. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified mood [affective] disorder (ICD10:F39 Unspecified mood [affective] disorder) Unknown or N/A	Active	2016-09-09	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-24	
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	2016-06-24	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-05-20	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) 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	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active		
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active		
Mood disorder (ICD9:296.90 Unspecified episodic mood disorder) Unknown or N/A	Active		

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: YES

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: HTN,Schizophrenia

Additional Medical Conditions: Insomnia, Anxiety

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to mental illness and then ability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-11-18 02:02

Signed By (Physician): 18

Signed on (Physician): 2016-11-25 02:02

Form_status: finalized

Procedure Order:

Patient ID	5695	Order ID	1199
Patient Name	Stewardjr, Herman F	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-11-25**.

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