

Patient Record Number:1291

### 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:** Adella Warren

**External ID:** 1291

**DOB:** 1925-10-28

**Sex:** Female

**S.S.: 457-18-1826**

**Marital Status:** Single

**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5akZIUDlrNE4wUjg>

**Address:** 2119 Hulse Boulevard

**City:** Dallas

**State:** Texas

**Postal Code: 75203**

**Country:** USA

**Work Phone:** 214-943-8172

**Street Address:** 2119 Hulse Boulevard

**Apt/Suite/Other:** House

### Past Medical History:

**Last Recorded On: 07-14-2016.**

**Additional Medical History:** defibrillator x2 years.

## Family History:

**Last Recorded On: 07-14-2016.**

**Mother:** Mother had heart disease..

**Offspring:** 5 children..

**Primary Family Med Conditions:**

**Last Recorded On: 07-14-2016.**

**Chronic Conditions:** Heart Failure.

### Social History:

**Last Recorded On: 07-14-2016.**

**Tobacco:** Never smoker No smoking.      **Status:** Never

**Alcohol:** No alcohol. **Status:** Never

**Recreational Drugs:** No drug abuse. **Status:** Never

**Other History:** Temporarily living in daughter's house- hers is being rebuilt..

## Tests and Exams:

**Last Recorded On: 07-14-2016.**

PT/INR (if no HH) Abnormal 04/02/2014

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1990-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2016-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** XL Health / Care Improvement Plus (77082)  
**Priority :** Primary  
**Start Date :** 2016-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** XL Health / Care Improvement Plus (77082)  
**Priority :** Primary  
**Start Date :** 2016-08-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** XL Health / Care Improvement Plus (77082)  
**Priority :** Secondary  
**Start Date :** 2013-08-31  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 457181826D  
**Group Number :**  
**Employer Name :** Adella Warren  
**Copay :**  
**Insured ID Number :** 951947500  
**Group Number :**  
**Employer Name :** Adella Warren  
**Copay :**  
**Insured ID Number :** 958541167  
**Group Number :**  
**Employer Name :** Adella Warren  
**Copay :**  
**Insured ID Number :** 913067490  
**Group Number :**  
**Employer Name :** Adella Warren  
**Copay :**  
**Insured ID Number :** 529593575  
**Group Number :**  
**Employer Name :** Adella Warren

## Immunizations:

**Adella Warren: Chief Complaint**  
Patient Record Number:1291

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**Seen by** Sumana Ketha MD  
**Seen on** 13-July-2016

**Chief Complaint Status:**finalized

Followup home visit for management of atrial fibrillation, hypertension, hyperlipidemia, insomnia, and osteoarthritis of the hips, congestive heart failure, coronary artery disease, iron anemia, chronic obstructive pulmonary disease, and cerebrovascular effects. Patient complains of SOB upon exertion and generalized weakness.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 90-year-old female in NAD with multiple chronic conditions of atrial fibrillation, hypertension, hyperlipidemia, and osteoarthritis of the hip. Patient denies any new issues upon examination. Patient complains of SOB and generalized weakness. Patient denies any pain at this time. Patient denies any CP, HA, or N/V.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	130	88	145.00	65.00	98.20	18.00	~	24.1	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 145.00 lbs

**No** Weight Loss

**No** Fever

**No** Night Sweats

**No** Change In Color Of Urine

**No** Change In Bowel

**No** Change In Appetite

**No** Limitation In Range Of Motion

**No** Bleeding Gums

**No** Bleeding

**No** Use Of Dentures

**Physical Exam:**

**HEENT:**

**HEENT** - Within Normal Limits .

**ENT:**

**ENT** - Within Normal Limits .

**HEENT:**

**HEENT** - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Potassium Chloride ER ,10 MEQ CPCPR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-07	
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31	

Simvastatin ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31
Furosemide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-17
Carvedilol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-02-16

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan. 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair.

1. Hypertension, continue current plan.
2. Congestive heart failure, continue current plan.
3. Osteoarthritis, continue current plan.
4. Atrial fibrillation, continue current plan.
5. Insomnia continue current plan
6. Coronary artery disease, continue current plan.
7. Paroxysmal supraventricular tachycardia, continue current plan.
8. Hyperlipidemia, continue current plan.

## Medical Problem:

Description	Status	Start Date	End Date
Paroxysmal supraventricular tachycardia ( ICD10:I47.1 Supraventricular tachycardia) Unknown or N/A	Active	2015-10-01	
Mixed hyperlipidemia ( ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Unspecified hypertensive heart disease without heart failure ( ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01	
Atrial fibrillation ( ICD10:I48.91 Unspecified atrial fibrillation) Unknown or N/A	Active	2015-10-01	

Pure hypercholesterolemia ( ICD10:E78.0 Pure hypercholesterolemia) Unknown or N/A	Active	2015-10-01
Other specified arthropathy, multiple sites ( ICD10:M12.89 Other specific arthropathies, not elsewhere classified, multiple sites) Unknown or N/A	Active	2015-10-01
Disturbances of amino-acid transport ( ICD10:E72.00 Disorders of amino-acid transport, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Heart disease, unspecified ( ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified ( ICD10:D50.9 Iron deficiency anemia, unspecified) 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
Long-term (current) use of anticoagulants ( ICD10:Z79.01 Long term (current) use of anticoagulants) Unknown or N/A	Active	2015-10-01
Acute myocardial infarction of unspecified site, episode of care unspecified ( ICD10:I21.3 ST elevation (STEMI) myocardial infarction of unspecified site) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of native coronary artery ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Pacemaker 2010. Unknown or N/A	Active	2015-10-28	

## 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:** Divine Home Health Care

**Primary Justification Medical Conditions:** Atrial\_Fibrillation,HTN,Mobility\_Impairments

**Additional Medical Conditions:**

**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 requires closely monitoring for vital signs, skin check, and weekly PT/INR.

**Certification Statement:** Patient requires considerable taxing effort to leave home.

**Signed by (NP):** 302

**Signed On (NP):** 2016-07-13 07:23

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-14 07:23

**Form\_status:** finalized

## DME:

Description	Status	Start Date	End Date
Thoracic or lumbosacral neuritis or radiculitis, unspecified ordered back brace from Meditech. ( 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	
Thoracic or lumbosacral neuritis or radiculitis, unspecified ordered back brace from Meditech. ( 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	
Probe Covers Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Cane Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Alcohol Pads Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Exam Gloves Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Walker Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	



Electronically Signed by **Darolyn Perkins** on **2016-07-20**.

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