

Otha Combs: Patient Information
Patient Record Number:5669

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: Otha Combs
External ID: 5669
DOB: 1962-05-26
Sex: Female
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXRTU3Q2c1Z3cyV1E>

Address: 3200 South Lancaster Road
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 07-27-2016.
Risk Factors: Arthritis,High Cholestrol,Constipation,Insomnia,Lumbago,Neuropathy,Chronic Pain,Seizures.
Additional Medical History: Fall and head injury..

Family History:

Last Recorded On: 07-27-2016.
Mother: Mother had hypertension..

Primary Family Med Conditions:

Last Recorded On: 07-27-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 07-27-2016.
Tobacco: Former smoker Quit smoking 9 yrs ago **Status:** Current
Coffee:
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Regular.
Developmental History: Well.
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-27-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 1993-11-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 507760696
Group Number :
Employer Name : Otha Combs
Copay :
Insured ID Number : 507760696
Group Number :
Employer Name : Otha Combs

Immunizations:

Otha Combs: Chief Complaint
Patient Record Number:5669

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

Chief Complaint Status:finalized

Follow up home visit for management of hyperlipidemia, edema, seizure disorder, abnormal gait, constipation hypertension, and diabetes-2. Patient complains of constipation but is improving.

Chief Complaint Status:finalized

Follow up home visit for management of hyperlipidemia, edema, seizure disorder, abnormal gait, constipation hypertension, and diabetes-2. Patient complains of constipation but is improving.

History of Present illness:

HPI Status:Finalized

An 54-year-old African American male in NAD with multiple chronic conditions of hypertension, diabetes-2, seizure disorder, constipation, and hyperlipidemia. Patient complains of constipation x2 days. Patient denies any CP, HA, or N/V recently. Patient states that he has had pain in the soles of his feet for several weeks. Patient states that it is a numbness that he feels. Patient denies any tingling at this time. Patient rates pain 7/10 today. Reviewed labs. Reviewed medications.

HPI Status:Finalized,pending

An 53-year-old African American male in NAD with multiple chronic conditions of hypertension, diabetes-2, seizure disorder, constipation, and hyperlipidemia. Patient complains of numbness in the soles of both of his feet. Patient states that the right foot is worse than the left foot. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-15	130	70	194.00	72.00	97.40	20.00	~	26.3	0.00

Review of Systems:

Constitutional:

[illegible]

No Dysuria **No Straining** **No Pain** **No Hematuria** **No Polyuria**

Neuroendocrine Effects

No ~~Unauthorized~~ Listening

No ~~Excluded~~ fine

No **Yes**

No ~~Changed~~ Content

NonStop ~~to~~ YES

No Obstruction

Physical Exam:

EXAMPLE:

11/16/01 9.9 10.0 10.1 10.2 10.3 10.4 10.5 10.6 10.7 10.8 10.9 11.0 11.1 11.2 11.3 11.4 11.5 11.6 11.7 11.8 11.9 12.0 12.1 12.2 12.3 12.4 12.5 12.6 12.7 12.8 12.9 13.0 13.1 13.2 13.3 13.4 13.5 13.6 13.7 13.8 13.9 14.0 14.1 14.2 14.3 14.4 14.5 14.6 14.7 14.8 14.9 15.0 15.1 15.2 15.3 15.4 15.5 15.6 15.7 15.8 15.9 16.0 16.1 16.2 16.3 16.4 16.5 16.6 16.7 16.8 16.9 17.0 17.1 17.2 17.3 17.4 17.5 17.6 17.7 17.8 17.9 18.0 18.1 18.2 18.3 18.4 18.5 18.6 18.7 18.8 18.9 19.0 19.1 19.2 19.3 19.4 19.5 19.6 19.7 19.8 19.9 20.0 20.1 20.2 20.3 20.4 20.5 20.6 20.7 20.8 20.9 21.0 21.1 21.2 21.3 21.4 21.5 21.6 21.7 21.8 21.9 22.0 22.1 22.2 22.3 22.4 22.5 22.6 22.7 22.8 22.9 23.0 23.1 23.2 23.3 23.4 23.5 23.6 23.7 23.8 23.9 24.0 24.1 24.2 24.3 24.4 24.5 24.6 24.7 24.8 24.9 25.0 25.1 25.2 25.3 25.4 25.5 25.6 25.7 25.8 25.9 26.0 26.1 26.2 26.3 26.4 26.5 26.6 26.7 26.8 26.9 27.0 27.1 27.2 27.3 27.4 27.5 27.6 27.7 27.8 27.9 28.0 28.1 28.2 28.3 28.4 28.5 28.6 28.7 28.8 28.9 29.0 29.1 29.2 29.3 29.4 29.5 29.6 29.7 29.8 29.9 30.0 30.1 30.2 30.3 30.4 30.5 30.6 30.7 30.8 30.9 31.0 31.1 31.2 31.3 31.4 31.5 31.6 31.7 31.8 31.9 32.0 32.1 32.2 32.3 32.4 32.5 32.6 32.7 32.8 32.9 33.0 33.1 33.2 33.3 33.4 33.5 33.6 33.7 33.8 33.9 34.0 34.1 34.2 34.3 34.4 34.5 34.6 34.7 34.8 34.9 35.0 35.1 35.2 35.3 35.4 35.5 35.6 35.7 35.8 35.9 36.0 36.1 36.2 36.3 36.4 36.5 36.6 36.7 36.8 36.9 37.0 37.1 37.2 37.3 37.4 37.5 37.6 37.7 37.8 37.9 38.0 38.1 38.2 38.3 38.4 38.5 38.6 38.7 38.8 38.9 39.0 39.1 39.2 39.3 39.4 39.5 39.6 39.7 39.8 39.9 40.0 40.1 40.2 40.3 40.4 40.5 40.6 40.7 40.8 40.9 41.0 41.1 41.2 41.3 41.4 41.5 41.6 41.7 41.8 41.9 42.0 42.1 42.2 42.3 42.4 42.5 42.6 42.7 42.8 42.9 43.0 43.1 43.2 43.3 43.4 43.5 43.6 43.7 43.8 43.9 44.0 44.1 44.2 44.3 44.4 44.5 44.6 44.7 44.8 44.9 45.0 45.1 45.2 45.3 45.4 45.5 45.6 45.7 45.8 45.9 46.0 46.1 46.2 46.3 46.4 46.5 46.6 46.7 46.8 46.9 47.0 47.1 47.2 47.3 47.4 47.5 47.6 47.7 47.8 47.9 48.0 48.1 48.2 48.3 48.4 48.5 48.6 48.7 48.8 48.9 49.0 49.1 49.2 49.3 49.4 49.5 49.6 49.7 49.8 49.9 50.0 50.1 50.2 50.3 50.4 50.5 50.6 50.7 50.8 50.9 51.0 51.1 51.2 51.3 51.4 51.5 51.6 51.7 51.8 51.9 52.0 52.1 52.2 52.3 52.4 52.5 52.6 52.7 52.8 52.9 53.0 53.1 53.2 53.3 53.4 53.5 53.6 53.7 53.8 53.9 54.0 54.1 54.2 54.3 54.4 54.5 54.6 54.7 54.8 54.9 55.0 55.1 55.2 55.3 55.4 55.5 55.6 55.7 55.8 55.9 56.0 56.1 56.2 56.3 56.4 56.5 56.6 56.7 56.8 56.9 57.0 57.1 57.2 57.3 57.4 57.5 57.6 57.7 57.8 57.9 58.0 58.1 58.2 58.3 58.4 58.5 58.6 58.7 58.8 58.9 59.0 59.1 59.2 59.3 59.4 59.5 59.6 59.7 59.8 59.9 60.0 60.1 60.2 60.3 60.4 60.5 60.6 60.7 60.8 60.9 61.0 61.1 61.2 61.3 61.4 61.5 61.6 61.7 61.8 61.9 62.0 62.1 62.2 62.3 62.4 62.5 62.6 62.7 62.8 62.9 63.0 63.1 63.2 63.3 63.4 63.5 63.6 63.7 63.8 63.9 64.0 64.1 64.2 64.3 64.4 64.5 64.6 64.7 64.8 64.9 65.0 65.1 65.2 65.3 65.4 65.5 65.6 65.7 65.8 65.9 66.0 66.1 66.2 66.3 66.4 66.5 66.6 66.7 66.8 66.9 67.0 67.1 67.2 67.3 67.4 67.5 67.6 67.7 67.8 67.9 68.0 68.1 68.2 68.3 68.4 68.5 68.6 68.7 68.8 68.9 69.0 69.1 69.2 69.3 69.4 69.5 69.6 69.7 69.8 69.9 70.0 70.1 70.2 70.3 70.4 70.5 70.6 70.7 70.8 70.9 71.0 71.1 71.2 71.3 71.4 71.5 71.6 71.7 71.8 71.9 72.0 72.1 72.2 72.3 72.4 72.5 72.6 72.7 72.8 72.9 73.0 73.1 73.2 73.3 73.4 73.5 73.6 73.7 73.8 73.9 74.0 74.1 74.2 74.3 74.4 74.5 74.6 74.7 74.8 74.9 75.0 75.1 75.2 75.3 75.4 75.5 75.6 75.7 75.8 75.9 76.0 76.1 76.2 76.3 76.4 76.5 76.6 76.7 76.8 76.9 77.0 77.1 77.2 77.3 77.4 77.5 77.6 77.7 77.8 77.9 78.0 78.1 78.2 78.3 78.4 78.5 78.6 78.7 78.8 78.9 79.0 79.1 79.2 79.3 79.4 79.5 79.6 79.7 79.8 79.9 80.0 80.1 80.2 80.3 80.4 80.5 80.6 80.7 80.8 80.9 81.0 81.1 81.2 81.3 81.4 81.5 81.6 81.7 81.8 81.9 82.0 82.1 82.2 82.3 82.4 82.5 82.6 82.7 82.8 82.9 83.0 83.1 83.2 83.3 83.4 83.5 83.6 83.7 83.8 83.9 84.0 84.1 84.2 84.3 84.4 84.5 84.6 84.7 84.8 84.9 85.0 85.1 85.2 85.3 85.4 85.5 85.6 85.7 85.8 85.9 86.0 86.1 86.2 86.3 86.4 86.5 86.6 86.7 86.8 86.9 87.0 87.1 87.2 87.3 87.4 87.5 87.6 87.7 87.8 87.9 88.0 88.1 88.2 88.3 88.4 88.5 88.6 88.7 88.8 88.9 89.0 89.1 89.2 89.3 89.4 89.5 89.6 89.7 89.8 89.9 90.0 90.1 90.2 90.3 90.4 90.5 90.6 90.7 90.8 90.9 91.0 91.1 91.2 91.3 91.4 91.5 9

EXTREMITIES:

[illegible]

CV:

RR: Mild to Normal Normal limits gait.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Carvedilol ,6.25 MG TABS, TAKE 1 TABLET TWICE DAILY, WITH MORNING AND EVENING MEAL, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Aspirin EC ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-19
Furosemide ,20 MG TABS, TAKE 1/2 TABLET BY MOUTH EVERY DAY, Quantity: 15, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-19
Jentadueto ,2.5-1000 MG TABS, TAKE 1 TAB TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-18
Aspirin EC ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-08
Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-08
Aspirin EC ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-04
Neurontin ,300 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-04
Carvedilol ,6.25 MG TABS, TAKE 1 TABLET TWICE DAILY, WITH MORNING AND EVENING MEAL, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-09
Glimepiride ,4 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-12
Jentadueto ,2.5-1000 MG TABS, BID, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-12
Glimepiride ,4 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-31
Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-31

Aspirin EC ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Carvedilol ,6.25 MG TABS, TAKE 1 TABLET TWICE DAILY, WITH MORNING AND EVENING MEAL, Quantity: 120, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Glimepiride ,4 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Jentadueto ,2.5-1000 MG TABS, BID, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
LevETIRAcetam ,500 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 180, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Advocate Blood Glucose Monitor , DEVI, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-19
Welchol ,625 MG TABS, TAKE 2 TABLETS TWICE DAILY, Quantity: 360, Refill Quantity: 3 Unknown or N/A by Kasende, Sylviane - MK3265522 Texas Physician House Calls	Active	2014-09-03

Plan Note:

Plan Note Status:Finalized

1. Diabetes mellitus with neuropathy, monitor HbA1c.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Epilepsy, controlled with medications.
4. Hyperlipidemia, monitor lipids.
5. Constipation, on laxatives.
6. CVA effects, continue current plan of treatment.
7. Abnormal gait, continue current plan.
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

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Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-02	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-02	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-02	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Other convulsions (ICD10:R56.9 Unspecified convulsions) 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	
Abnormal gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Edema (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-10-01	
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy (ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus) 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	
Unspecified transient cerebral ischemia (ICD9:435.9 Unspecified transient cerebral ischemia) Unknown or N/A	Active		

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Fall Unknown or N/A	Active		
Head injury Unknown or N/A	Active		
CVA 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: diabetes,Epilepsy,hyperlipidemia,HTN,Mobility_Impairments

Additional Medical Conditions: CVA Effects, Abnormal Gait, Constipation

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: SN needed due to CVA effects and inability to self medicate currently.

Certification Statement: Patient is home bound due to seizure disorder and abnormal gait. Patient is weak with unsteady, painful ambulation with poor balance and increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-15 11:10

Signed By (Physician): 18

Signed on (Physician): 2016-07-15 11:10

Form_status: finalized

Patient Home Bound or Can't Drive: YES

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Next Visit Duration (in days): 31

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Physical Therapy: NO

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Speech-language Pathology Required: NO

Requested Care/Treatments Required:

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Signed by (NP): 16

Signed On (NP): 2016-07-15 11:10

Signed By (Physician): 18

Signed on (Physician): 2016-07-15 11:10

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Diabetic Supplies (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	



Electronically Signed by **Sumana Ketha, MD** on **2016-07-21**.

Printed on 19-Aug-2016 19:26:25 pm.