

**Isaac Zurita: Patient Information**  
Patient Record Number:5560

**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:** Isaac Zurita  
**External ID:** 5560  
**DOB:** 1976-11-08  
**Sex:** Male  
**Marital Status:** Single

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Country:** USA  
**Street Address:** 3200 S Lancaster Rd

## Past Medical History:

**Last Recorded On:** 07-14-2016.  
**Risk Factors:** Seizures.

## Family History:

**Last Recorded On:** 07-14-2016.  
**Father:** Father is alive and healthy..  
**Mother:** Mother is alive and healthy..  
**Siblings:** Patient has two brothers healthy and one sister died..  
**Offspring:** Patient has no children and is single..  
**Other Family Relative:** Grandmother has diabetes mellitus type 2. Grandfather has diabetes mellitus type 2..

## Primary Family Med Conditions:

**Last Recorded On:** 07-14-2016.  
**Chronic Conditions:** Diabetes.

## Social History:

**Last Recorded On:** 07-14-2016.  
**Tobacco:** Light tobacco smoker smokes tobacco    **Status:** Current  
**Alcohol:** No alcohol.    **Status:** Never  
**Recreational Drugs:** No drug abuse.    **Status:** Never  
**Nutrition History:** Regular diet..  
**Other History:** Influenza in 2014.

## Tests and Exams:

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

## Insurance:

## **Superior Health Plan Texas (39188)**

**Priority :** Primary  
**Start Date :** 2014-08-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)  
**Priority :** Primary  
**Start Date :** 2015-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 632769847  
**Group Number :**  
**Employer Name :** Isaac Zurita  
**Copay :**  
**Insured ID Number :** 632769847  
**Group Number :**  
**Employer Name :** Isaac Zurita

## **Immunizations:**

Isaac Zurita: Chief Complaint  
Patient Record Number:5560

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**Seen by** Sumana Ketha MD  
**Seen on** 17-June-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of schizophrenia, hypertension, diabetes mellitus type 2, epilepsy, anxiety, insomnia, and obesity. Patient continues to complain of trouble sleeping.

**History of Present illness:**

**HPI Status:**Finalized

An 39-year-old Hispanic male in NAD with multiple chronic conditions including hypertension, diabetes mellitus type 2, insomnia, and anxiety. Patient complains that he is not sleeping at night. Patient denies any other issues upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-17	128	92	219.00	68.00	97.60	20.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**General/Overall Health:**

No Weight Loss

No Fatigue

No Fever

No Night Sweats

No Change in Appetite

No Change in Sleep

No Change in Energy

No Change in Mood

No Change in Behavior

No Change in Cognition

**Physical Exam:**

**General:**

Appearance, Manner, and Demeanor - Within Normal Limits .

**HEENT:**

Head, Eyes, Ears, Nose, Throat - Within Normal Limits .

**CV:**

Cardiovascular - 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 this visit. 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.

1. Insomnia continue current plan.
2. Epilepsy, continue current plan.

3. Hypertension continue current plan.
4. Anxiety, continue current plan.
5. Schizophrenia, continue current plan.
6. No new changes in medication list since last visit. No medication refills needed this visit.
7. Medication adherence was given to the patient. Continue treatment as planned.
8. 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.
9. Reviewed old records of the patient.
10. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified schizophrenia, chronic ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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	
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	
Anxiety state, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified ( ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
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	

## 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,HTN,Schizophrenia

**Additional Medical Conditions:** Insomnia, Anxiety, Obesity

**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 mental illness and inability to self medicate currently.

**Certification Statement:** Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-06-17 07:15

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-06-21 07:15

**Form\_status:** finalized

## Procedure Order:

Patient ID	5560	Order ID	637
Patient Name	Zurita, Isaac	Ordered By	Love-Jones, Derrick
Order Date	2016-08-26	Print Date	2016-08-26
Order Status	complete	Encounter Date	2016-08-26
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-26		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-06-22**.

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