

**Mythia Joseph: Patient Information**  
Patient Record Number:5569

**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:** 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:** 11-19-2016.

**Risk Factors:** Lumbago.

## Family History:

**Last Recorded On:** 11-19-2016.

**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:** 11-19-2016.

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

**Alcohol:** No alcohol. **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:** 11-19-2016.

**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** 06-October-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 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 chest pain, shortness of breath or nausea or vomiting. 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
2016-10-06	104	69	191.00	66.00	98.20	16.00	~	30.8	0.00

## Review of Systems:

### Constitutional:

**Weight loss** No  
**Appetite** No  
**Energy** No  
**Feeling of Motion** No  
**Feeling of Fatigue** No  
**Feeling of Weakness** No  
**Feeling of Dizziness** No  
**Feeling of Nausea** No  
**Feeling of Vomiting** No  
**Feeling of Stool** No

## Physical Exam:

**HEENT:** NAD, No oral lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

**EXTREMITIES:** NAD, No oral lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

**CV:** NAD, No oral lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

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: 1	Active	2016-10-17	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Meloxicam ,15 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
LORazepam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
Paxil ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
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 by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
PARoxetine HCl ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
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 by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
PARoxetine HCl ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10

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

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## 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 sciatica, continue current plan.
2. Colitis, continue current plan.
3. Bipolar, continue current plan.
4. Anxiety, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Depression, continue current plan.
7. Generalized weakness, continue to monitor.
8. Muscle spasms, continue current.
9. Osteoarthritis with chronic pain, continue current plan.
10. Abnormal gait, continue to monitor.

Medication refills as follows:

Start Tylenol 3 t.i.d.

Paxil 20 mg q.d.

Gabapentin 600 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Noninfective gastroenteritis and colitis, unspecified ( ICD10:K52.9 Noninfective gastroenteritis and colitis, unspecified) Unknown or N/A	Active	2016-10-06	
Muscle weakness (generalized) ( 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 allergies Unknown or N/A	Active		

## Surgeries:

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

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** 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):** 2016-10-06 03:40

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-12 03:40

**Form\_status:** finalized

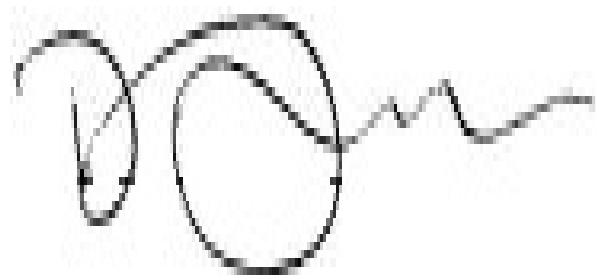
## DME:

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

## Procedure Order:

Patient ID	5569	Order ID	1096
Patient Name	Joseph, Mythia	Ordered By	Love-Jones, Derrick
Order Date	2016-11-19	Print Date	2016-11-19
Order Status	complete	Encounter Date	2016-11-19
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-19		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-06**.

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