#### Shirley Harrell: Patient Information

Patient Record Number:6144

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: Shirley Harrell External ID: 6144 DOB: 1964-04-24 Sex: Female

Address: 3264 Persimmon Rd,Bldg#8

City: Dallas State: Texas Postal Code: 75241 Country: USA

Home Phone: 214-760-0995 Work Phone: 214-477-4353 Mobile Phone: 214-372-1106 Street Address: 3264 Persimmon Rd

Apt/Suite/Other: 1123

# **Past Medical History:**

Last Recorded On: 10-23-2016.

Risk Factors: Chronic Pain, Dyspnea, Heart Burn, Reflux, GERD, Neuropathy, Pneumonia.

# **Family History:**

Last Recorded On: 10-23-2016.

Father: Father has hypertension and diabetes. .

Mother: Diabetes..

# **Social History:**

Last Recorded On: 10-23-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Work Status: Disabled.

Pets: None..

#### Insurance:

## Molina Healthcare of Texas (Z1161)

**Priority:** Primary **Start Date**: 2016-02-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Insured ID Number: 503079780

**Group Number:** 

Employer Name: Shirley Harrell

# Immunizations:

# DME:

Description	Status	Start Date	End Date
Full face mask, Sleep Tubing, Ileadgeaer, Sleep Full Face Cushion			
( ICD10:G47.33 Obstructive sleep apnea (adult) (pediatric))	Active	2016-10-07	
Unknown or N/A			

Shirley Harrell: Chief Complaint Patient Record Number:6144 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 29-June-2016

### Chief Complaint Status: finalized

Followup home visit to services for the prevention and control of chronic conditions of diabetes 2, hypertension, anxiety, chronic pain, asthma, neuropathy, gastroesophageal reflux disease, heart disease, and vitamin D deficit.

# **History of Present illness:**

#### **HPI Status:**Finalized

Patient is a 51-year-old female in NAD who presents with multiple chronic conditions of hypertension, diabetes 2, chronic pain, anxiety, neuropathy, asthma, gastroesophageal reflux disease, and vitamin D Deficit. Patient also on 3 liters of O2 via nasal cannula. Patient states she had double walking pneumonia in 2012 and was in a medical induced coma for 30 days and had a tracheotomy and she has never recovered physically. Patient denies chest pain, nausea or headache recently. Patient uses a weaker and wheelchair for mobility.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-29	143	89	0.00	0.00	98.20	18.00	~	0.0	0.00

# **Review of Systems:**

#### Constitutional:

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# **Physical Exam:**

## **GESB**0:

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#### **EXEREMITIES:**

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### ENTEC:

Bentineligitka/papleatosetral Berlies@hitbelk@enshavitiminitslormal Limits.

#### NECK:

Stability Thyrocregally in the Ottal seat Septum, JVD, lymphadenopathy-Within Normal Limits .

#### CV:

RRR-Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

## **Medication:**

Description	Status	Start Date	End Date
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 0			
Unknown or N/A	Active	2016-07-27	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Blood Glucose Monitor System ,w/Device KIT, USE AS DIRECTED,

Quantity: 1, Refill Quantity: 0

Unknown or N/A by ketha, Dr sumana - BK6230281

Texas Physician House Calls

# Plan Note:

#### Plan Note Status: Finalized

Continue with treatment and medication adherence 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. 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. Discussed the treatment plan with the patient. Prognosis is fair and stable. No refills need at this time.

Active

2016-06-29

- 1. Diabetes 3, on medication.
- 2. Anxiety, on medication.
- 3. Asthma, on nasal cannula.
- 4. Morbid obesity, encouraged continuing weight loss efforts via daily exercise.
- 5. Neuropathy, on medications.
- 6. Hypertension, decrease salt intake.
- 7. Gastroesophageal reflux disease, on medication.

## **Medical Problem:**

Description	Status	Start Date	End Date
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-25	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-11	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-11	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-04-11	
Morbid (severe) obesity due to excess calories (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-04-11	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-11	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-11	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-11	

# **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: NO Next Visit Duration (in days): 31

Current home health agency: Calvary Healthcare Inc

Primary Justification Medical Conditions: Asthma, COPD, Depression, diabetes, HTN, Heart\_Disease, Mobility\_Impairments

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to asthma and mobility impairment.

Certification Statement: Patient is home bound due to asthma and mobility impairment. Patient experience shortness of breath

with ambulation and is weak with poor balance which places patient at risk for fall.

Signed by (NP): 302

**Signed On (NP):** 2016-06-29 05:43 **Signed By (Physician):** 18

Signed on (Physician): 2016-07-03 05:43

Form\_status: finalized

Printed: NO

Printed on 23-Oct-2016 20:59:18 pm.