

Ravenell Sharon: Patient Information
Patient Record Number:6237

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: Ravenell Sharon
External ID: 6237
DOB: 1967-01-16
Sex: Female
S.S.: 451-39-6732
Marital Status: Single

Address: 3333 Edgewood St
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Mobile Phone: 469-709-0640
Street Address: 3333 Edgewood St
Apt/Suite/Other: APT#1209

Family History:

Last Recorded On: 11-19-2016.
Father: Father died of hypertension and hyperlipidemia..
Mother: Mother died of hypertension and diabetes mellitus 2..
Siblings: One sister died. Two brothers and five sisters are alive..
Offspring: One boy and one girl, which are alive..

Social History:

Last Recorded On: 11-19-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12 grade + 1..
Other History: Influenza and pneumovax taken in 2015..

Insurance:

Wellcare HMO, Inc. (14163)

Priority : Primary
Start Date : 2006-10-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)

Copay :
Insured ID Number : 17866369
Group Number :
Employer Name : Ravenell Sharon

Immunizations:

Ravenell Sharon: Chief Complaint
Patient Record Number:6237

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Seen by Sumana Ketha MD

Seen on 23-August-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions schizophrenia, depression, neuropathy, diabetes mellitus type 2 with neuropathy, hypertension with vascular complications, muscle spasms, gastroesophageal reflux disease, coronary artery disease, congestive heart failure, lumbago and chronic pain syndrome. Patient complains of low back pain that radiates to legs and feet.

History of Present illness:

HPI Status:Finalized

A 49-year-old African-American female in NAD with multiple chronic conditions of the following of schizophrenia, depression, neuropathy, diabetes mellitus type 2 with neuropathy, hypertension with vascular complications, muscle spasms, gastroesophageal reflux disease, coronary artery disease, congestive heart failure, lumbago and chronic pain syndrome. Patient has a history of chronic low back pain and mental health issues. Patient states that she is having low back pain that radiates into her legs and feet. Patient describes pain in legs and feet as numbness and tingling on. Patient rates pain at 7/10 at this time. Patient states she does get relief from her current pain medication. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues other than described above. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Family History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-23	170	104	0.00	65.00	98.40	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

BlackBerry: The Tailcoat:

No ~~FREE~~ Wikis

Non-Monotonic Deontics

Neuroendocrine

No Attribution Bias

No Change in TDM Initiation

No Limitation In Range Of Motion

No Constipation

Physical Exam:

SECRET

Subsequent Laboratory Findings: Within Normal Limits

BEER:

ENT/NOSE: Olfactory Mucosa-Within Normal Limits. Larynx-pink, Bilateral Nasal Turbinates-Within Normal Limits.

PSYCH:

RRRM: Growth with Normal habits.

RESP:

Abol, T. C. A. S. W. All Questions Appropriately-Within Normal Limits.

Lungs Clear. Rales. Rhonchi. Wheezes-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
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ARIPiprazole ,10 MG TABS, TAKE 1/2 TABLET BY MOUTH TWICE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-24
Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-24

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical missions. 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 to exercise daily as tolerated. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D , LIPID LDL/HDL. Patient verbalized understanding of the above client was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Muscle spasms, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Depression, continue current plan.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Coronary artery disease, continue current plan.
9. Congestive heart failure with systolic complications, continue current plan.
10. Schizophrenia, continue current plan.

Medication refills as follows:

Carvedilol 25 mg b.i.d.
Nexium 40 mg q.d.
Tylenol #3 2tabs q.d.
Soma 350 mg b.i.d.
Aripiprazole 10 mg 1/2 tab q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-08-23	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-23	
Separation of muscle (nontraumatic), unspecified site (ICD10:M62.00 Separation of muscle (nontraumatic), unspecified site) Unknown or N/A	Active	2016-08-23	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-08-23	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-23	

Allergies:

Description	Status	Start Date	End Date
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Lisinopril & Anaphylaxis.
Unknown or N/A

Active

Surgeries:

Description	Status	Start Date	End Date
C-section in 1985 & 1988. 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: Mobility_Impairments,Schizophrenia,Rheumatoid

Arthritis_Osteoarthr,HTN,diabetes,Depression

Additional Medical Conditions: Neuropathy, Muscle Spasms, GERD, CAD, CHF, Lumbago and Chronic Pain Syndrome

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to chronic pain and mental health issues.

Certification Statement: Skilled nursing is needed due to mental health issues and inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-23 08:03

Signed By (Physician): 18

Signed on (Physician): 2016-08-30 08:03

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6237	Order ID	871
Patient Name	Sharon, Ravenell	Ordered By	Love-Jones, Derrick
Order Date	2016-11-20	Print Date	2016-11-20
Order Status	pending	Encounter Date	2016-11-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-08-30**.

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