

**Sandra Dunagin: Patient Information**  
Patient Record Number:3011

**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:** Sandra Dunagin  
**External ID:** 3011  
**DOB:** 1953-12-16  
**Sex:** Female  
**S.S.:** 526-07-8124  
**Marital Status:** Single  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NWxVYIVCZm1WNXM>

**Address:** 3229 Santiago Dr  
**City:** Mesquite  
**State:** Texas  
**Postal Code:** 75150  
**Country:** USA  
**Home Phone:** 214-202-5526  
**Work Phone:** 214-613-7081  
**Street Address:** 3229 Santiago Dr  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 11-07-2016.  
**Risk Factors:** Chronic Pain,Dyspnea,Incontinence,Neuropathy.  
**Additional Medical History:** Cough..

## Family History:

**Last Recorded On:** 11-07-2016.  
**Father:** Father died with prostate cancer..  
**Mother:** Mother is alive with hypertension and diabetes..  
**Siblings:** Sister with carcinoma cancer..  
**Offspring:** Two children..

## Primary Family Med Conditions:

**Last Recorded On:** 11-07-2016.  
**Chronic Conditions:** Diabetes,Hypertension,Prostate Cancer.

## Social History:

**Last Recorded On:** 11-07-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Education level is 9th grade..

## Tests and Exams:

**Last Recorded On:** 11-07-2016.

Mammogram (>40yrs, Yearly) N/A 2009

Insurance:

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 : 526078124  
Group Number :  
Employer Name : Sandra Dunagin

Immunizations:

**Sandra Dunagin: Chief Complaint**  
Patient Record Number:3011

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**Seen by** Sumana Ketha MD  
**Seen on** 16-June-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of osteoarthritis, chronic pain, depression, gastroesophageal reflux disease, cough, incontinence, and abnormal gait. Patient complains of pain in her feet and knees especially when it rains.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 62-year-old Caucasian female with multiple chronic conditions of osteoarthritis, chronic pain, depression, gastroesophageal reflux disease, cough, incontinence and abnormal gait. She does complain of pain in her feet and knees which rated as 7/10. Patient denies any other issues or complain upon examination. No chest pains, headache or nausea/vomiting.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-16	128	76	240.00	68.00	97.60	20.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**Endocrine/Metabolic/Nutritional:**

No Weight Change  
No Polyphagia  
No Polydipsia  
No Polyuria  
No Nocturia  
No Change In Motion YES  
No Change In Mentation  
No Change In Stool  
No Bleeding Gums  
No Bleeding  
No Use Of Dentures

**Physical Exam:**

**General:**

Appearance, Mucous Membranes, Skin, Hair, Nails, Lymph Nodes, Sclera, Conjunctiva, Pupils, Extraocular Muscles, Ears, Nose, Throat, Lungs, Heart, Abdomen, Genitalia, Rectum, Anus, Extremities - Within Normal Limits .

**ENT:**

ENT - Within Normal Limits .

**CV:**

CV - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29	

ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED FOR SEVERE ANXIETY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-28
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
Lyrica ,25 MG CAPS, Take One Capsule By Mouth 3 Times Daily, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
Baclofen ,20 MG TABS, TAKE ONE TABLET 4 TIMES DAILY, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Colace ,100 MG CAPS, TAKE ONE CAPSULE TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication and here is education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. 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. No labs need it this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Medication adherence was given to the patient. Continue treatment as planned. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Anxiety, continue current plan.
3. Asthma, continue current plan.
4. Neuropathy, continue current plan.
5. Depression, continue current plan.
6. gastroesophageal reflux disease, continue current plan.
7. Allergic rhinitis, continue current plan.
8. Urinary incontinence, continue current plan

Medication refills as follows:

1. Lyrica 25 mg t.i.d.
2. SMZ/TMO DS q.d.
3. Norco 10/325 mg t.i.d.

4. Alprazolam 0.25 mg q.d.
5. Pro-Air INH.

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-16	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-18	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-18	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, 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	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Esophageal reflux ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Cough ( ICD10:R05 Cough) Unknown or N/A	Active	2015-10-01	
Abnormality of gait ( ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Osteoarthritis ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified ( ICD10:R32 Unspecified urinary incontinence) 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
Tubal ligation Unknown or N/A	Active		
Hospitalized at DRS Hospital on 01/03/2014 for bronchitis Unknown or N/A	Active		
Triple Bypass Surgery Unknown or N/A	Active		
Gallbladder Surgery Unknown or N/A	Active		
Spinal Cord Injury 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:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Primary Justification Medical Conditions:** Depression, Mobility\_Impairments

**Additional Medical Conditions:** Osteoarthritis, chronic pain, incontinence

**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 mobility impairment and chronic pain and inability to self medicate

**Certification Statement:** Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 16

**Signed On (NP):** 2016-06-16 07:08

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-06-21 07:08

**Form\_status:** finalized

## DME:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, site unspecified ordered manual wheelchair through Longhord Health Solutions ( ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Active		

## Procedure Order:

Patient ID	3011	Order ID	636
Patient Name	Dunagin, Sandra	Ordered By	Love-Jones, Derrick
Order Date	2016-11-07	Print Date	2016-11-07
Order Status	complete	Encounter Date	2016-11-07
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 **2016-06-22**.

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