

Christopher Andrews: Patient Information
Patient Record Number:5777

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: Christopher Andrews
External ID: 5777
DOB: 1978-04-04
Sex: Male
S.S.: 451-45-9447
Marital Status: Single
User Defined: 214-388-7505
genericval1: 304-730-8868
genericname2: 972-329-8935

Address: 2902 S Buckner Blvd, Street 300
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Emergency Contact: 972-329-8935
Home Phone: 214-388-7505
Mobile Phone: 214-240-3868
Street Address: 2902 S Buckner Blvd, Street 300
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-06-2017.
Risk Factors: Insomnia,Seizures.

Family History:

Last Recorded On: 01-06-2017.
Father: Father is died..
Mother: Mother is alive..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-06-2017.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 01-06-2017.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 283872102
Group Number :
Employer Name : Christopher Andrews

Immunizations:

Christopher Andrews: Chief Complaint
Patient Record Number:5777

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Seen by Sumana Ketha MD
Seen on 01-December-2016

Chief Complaint Status:finalized

Followup home visit for management of mental retardation, hyperlipidemia, insomnia, and seizures. Patient complains of fluid filled lump on upper left leg.

History of Present illness:

HPI Status:Finalized

A 38-year-old AA male in NAD with chronic condition of hyperlipidemia, mental retardation, epilepsy, and insomnia. Patient states that he has a large fluid filled lump on his upper left leg. Patient states that it is not painful. Patient denies any pain at this time. Patient denies any other issues or complaints upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-01	134	89	201.00	66.00	97.60	16.00	~	32.4	0.00

Review of Systems:

Constitutional:

Systemic/General:

No ~~Weight~~ Weight Loss
No ~~Fevers~~ Fevers
No ~~Chills~~ Chills
No ~~Excessive~~ Excessive Sweating
No ~~Change~~ Change Of Urine
No ~~Change~~ Change Of Range Of Motion
No ~~Change~~ Change Of Appetite
No ~~Headache~~ Headache
No ~~Nausea~~ Nausea
No ~~Change~~ Change Of Gums
No ~~Change~~ Change Of Teeth
No Use Of Dentures

Physical Exam:

GEN:

Well Nourished, Good Skin Tone, No Lesions, No Masses, No Wounds, No Tattoos, No Scars, No Deformities.

EYES:

Conjunctiva Clear, No Redness, No Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits.

NEURO:

Postural Reflexes, Coordination, Fine Motor Skills-Within Normal Limits.

ENT:

Suprahyoid, Thyroid, Larynx, Cricoid, Mucosa, Nasal Septum, Uvula, Palate, Tonsils-Within Normal Limits.

BACK:

Postural Reflexes, Coordination, Fine Motor Skills-Within Normal Limits.

CV:

RRR-Within Normal Limits.

RESP:

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

GI:

Organomegaly-Within Normal Limits.

Soft, Non Tender, Non Distended, Masses-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
Wound Wash , LIQD, USE AS DIRECTED, Quantity: 240, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27	
CarBAMazepine ,200 MG TABS, TAKE 2 TABLETS BY MOUTH IN THE MORNING 2 IN THE EVENING, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24	
CarBAMazepine ,200 MG TABS, TAKE 2 TABLETS BY MOUTH IN THE MORNING 2 IN THE EVENING, Quantity: 120, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16	
CarBAMazepine ,200 MG TABS, TAKE 2 TABLETS BY MOUTH IN THE MORNING 2 IN THE EVENING, Quantity: 120, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-29	
CarBAMazepine ,200 MG TABS, Take Two Tablet In The Morning and Two In The Evening, Quantity: 120, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-10	
CarBAMazepine ,200 MG TABS, Take Two Tablet In The Morning and Two In The Evening, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-07	
CarBAMazepine ,200 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-09	

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan for other diagnosis. 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 encouraged to exercise daily. No labs needed at 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. Abscess send order for MRI.
2. Epilepsy, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Insomnia, continue current plan.
5. Mental retardation, continue to monitor.

Medication refills as follows:

Carbamazepine 200 mg.

Medical Problem:

Description	Status	Start Date	End Date
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Insomnia due to mental disorder (ICD10:F51.05 Insomnia due to other mental disorder) Unknown or N/A	Active	2015-10-01	

Unspecified mental retardation (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, without mention of intractable epilepsy (ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-08-12	

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: hyperlipidemia,Schizophrenia

Additional Medical Conditions: Epilepsy, Insomnia, Mental Retardation

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to mental retardation and inability to self medicate currently.

Certification Statement: Patient is home bound due to mental retardation. Patient cannot be left unattended due to wondering behaviors and extremely poor cognition.

Signed by (NP): 16

Signed On (NP): 2016-12-01 02:31

Signed By (Physician): 18

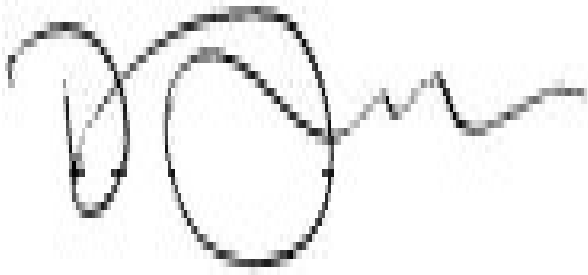
Signed on (Physician): 2016-12-08 02:31

Form_status: finalized

Procedure Order:

Patient ID	5777	Order ID	1272
Patient Name	Andrews, Christopher	Ordered By	Love-Jones, Derrick
Order Date	2017-01-06	Print Date	2017-01-06
Order Status	complete	Encounter Date	2017-01-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-12-08 at 03:35**.

Printed on 06-Jan-2017 21:54:45 pm.