Ashley Williams: Patient Information

Patient Record Number:6294

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: Ashley N Williams External ID: 6294 **DOB**: 1990-04-26 Sex: Female

Marital Status: Divorced

Address: 3006 Mesa View Dr

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

Guardian's Name: Jakson Dennis Emergency Contact: 469-348-1541 Street Address: 3006 Mesa View Dr

Apt/Suite/Other: House

Family History:

Last Recorded On: 11-26-2016.

Father: Father died, complaints of sleep apnea, hypertension, and diabetes mellitus 2. .

Mother: Mother is alive ..

Siblings: Three brothers and three sisters..

Offspring: None..

Social History:

Last Recorded On: 11-26-2016.

Tobacco: Smokes 1 pack per day. Status: Current Alcohol: Drinks 12 pack weekly. Status: Current Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

Developmental History: Educational level is 12th grade..

Other History: No immunizations..

Insurance:

Humana (61101)

Priority: Primary Start Date: 2016-09-01

Relationship to Insured: Self

Type: N/A

Payer: Humana (61101)

Insured ID Number: H7406018800

Group Number:

Employer Name : Ashley Williams

Immunizations:

Ashley Williams: Chief Complaint

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Seen by Sumana Ketha MD Seen on 12-October-2016

Chief Complaint Status: finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of schizophrenia, insomnia, epilepsy, and major depression. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status:Finalized

A 26-year-old Caucasian female in NAD with multiple chronic conditions of the following: schizophrenia, insomnia, epilepsy, and major depression. Patient states that she is sleeping better but still gets up in middle of night and has not been able to sleep well and fall back to sleep. 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
2016-10-12	109	76	188.00	66.00	97.80	16.00	~	30.3	0.00

Review of Systems:

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Physical Exam:

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RESP:

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

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan his 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 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. Patient was encouraged to exercise daily as tolerated. No labs needed this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Insomnia continue current plan
- 2. Epilepsy continue current plan
- 3. Major Depression continue current plan
- 4. Schizophrenia continue current plan

Medication refills as follows:

Loratadine 10 mg q.d. Hydralazine 50 mg t.i.d. Gabapentin 100 mg t.i.d. Topiramate 50 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-10-12	
Acute pharyngitis, unspecified (ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-09-06	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-06	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-09-06	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-06	

Allergies:

	Description	Status	Start Date	End Date
Penicillin. Unknown or N/A		Active		

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation in 2012.	Active		
Unknown or N/A	Active		
Hospitalized for snake bite.	Active		
Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES Is Home Health Care Needed: YES

 $\label{eq:Does Patient have reliable other Primary Care Physician: NO } \\$

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Kingdom Home

Primary Justification Medical Conditions: Schizophrenia, Epilepsy **Additional Medical Conditions:** Major Depression and Insomnia

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 mental illness.

Certification Statement: Skilled nursing is needed due to mental illness and the inability to self medicate corrected.

Signed by (NP): 16 Signed On (NP): 2016-10-12 04:21 Signed By (Physician): 18

Signed on (Physician): 2016-10-19 04:21

Form_status: finalized

Procedure Order:

Patient ID	6294	Order ID	1109
Patient Name	Williams, Ashley N	Ordered By	Love-Jones, Derrick
Order Date	2016-11-27	Print Date	2016-11-27
Order Status	complete	Encounter Date	2016-11-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-27		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-10-19.

Printed on 27-Nov-2016 16:11:42 pm.