Cecelia Nwankwo: Patient Information

Patient Record Number:5847

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: Ms. Cecelia Nwankwo

External ID: 5847 **DOB**: 1961-11-14 Sex: Female

Marital Status: Divorced

Address: 3200 S Lancaster Rd

City: Dallas State: Texas Postal Code: 75216 Country: USA

Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 09-30-2016.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown.. Offspring: Unknown...

Social History:

Last Recorded On: 09-30-2016.

Tobacco: Former smoker No smoking. Status: Never

Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular. Developmental History: Good.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2015-03-01

Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 510311224

Group Number:

Employer Name: Cecelia Nwankwo

Immunizations:

Cecelia Nwankwo: Chief Complaint

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Seen by Sumana Ketha MD Seen on 22-July-2016

Chief Complaint Status: finalized

Follow up home visit for management of osteoarthritis, hyperlipidemia, anxiety, depression, chronic pain, bipolar, and schizophrenia. Patient complains of knee pain bilaterally and stomach and throat pain after eating.

History of Present illness:

HPI Status:Finalized

A 54-year-old AA female seen for medical management of osteoarthritis, chronic pain, anxiety, depression, hyperlipidemia, bipolar, and schizophrenia. Patient has pain in knees that has persisted for several years. Patient rates pain at 7/10. Patient also states that after she eats her stomach and throat begin to hurt. She states that she take some OTC anti acid medication and it helps. Patient denies any CP, HA, or N/V.

Social History: Social history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-07-22	161	95	210.00	64.00	97.40	20.00	~	0.0	0.00

Review of Systems:

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Physical Exam:

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CV:

REPRESENTATION OF THE PROPERTY OF THE PROPERTY

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Triamcinolone Acetonide ,0.1 % CREA, Apply to chest BID, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-03-11	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Diclofenac Sodium ,50 MG TBEC, 1 TAB PO BID with food, Quantity: 60, Refill Quantity: 3

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

Sumana Ketha MDPA

Active 2015-06-05

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged to exercise daily as tolerated. No labs needed 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.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Gastroesophageal reflux disease, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Anxiety, continue current plan
- 6. Hyperlipidemia, continue current plan.
- 7. Bipolar, continue current plan.
- 8. Schizophrenia, continue current plan.
- 9. Depression, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, 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	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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	
Unspecified essential hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Bipolar I disorder, single manic episode, unspecified (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies.	Active			
Unknown or N/A	Active			

Surgeries:

Description	Status	Start Date	End Date
Wrist surgery in 1991 (MVA) Unknown or N/A	Active		
Tubal ligation in 2001 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: NO Next Visit Duration (in days): 31 Current home health agency:

Primary Justification Medical Conditions: bipolar, Depression, hyperlipidemia, HTN, Schizophrenia

Additional Medical Conditions: Chronic Pain,

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to mental illness and inability to self medicate correctly. Certification Statement: Patient is homebound and skilled nursing is required due to pain medication and mental illness and the

inability to self medicate correctly

Signed by (NP): 16

Signed On (NP): 2016-07-22 08:28 **Signed By (Physician):** 18

Signed on (Physician): 2016-07-29 08:28

Form_status: finalized

Procedure Order:

Patient ID	5847	Order ID	758
Patient Name	Nwankwo, Cecelia	Ordered By	Love-Jones, Derrick
Order Date	2016-09-30	Print Date	2016-09-30
Order Status	complete	Encounter Date	2016-09-30
Lab	.HH Agency	Specimen Type>	

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

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