Cathy Benson: Patient Information

Patient Record Number: 1287

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: Cathy A Benson External ID: 1287 **DOB**: 1956-06-29 Sex: Female S.S.: 464-02-5772 Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5ZDk4UzVnQWtYV2c

Address: 2627 East Illinois Avenue

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

Mobile Phone: 214-371-1552

Street Address: 2627 East Illinois Avenue

Apt/Suite/Other: 122

Past Medical History:

Last Recorded On: 07-14-2016.

Risk Factors: Hepatitis, Thyroid Disease (Low or High).

Family History:

Last Recorded On: 07-14-2016.

Father: Father had HTN, heart disease, and DM II.. Mother: Mother had HTN, heart disease, and DM II..

Offspring: Two sons..

Other Family Relative: Aunt has history of cancer..

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.

Chronic Conditions: Diabetes, Heart Failure, Hypertension.

Chronic Body System Category: Diseases of the circulatory system .

Social History:

Last Recorded On: 07-14-2016.

Tobacco: Current every day smoker Smokes 2 cigarettes a day. Status: Current

Alcohol: Drink one can of beer a day. Status: Current Recreational Drugs: No drug abuse. Status: Never

Counseling: **Exercise Patterns: Hazardous Activities:** Nutrition History: Regular diet..

Developmental History: Educational level is 12th grade...

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2004-05-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority : Primary Start Date : 2015-11-01 Relationship to Insured: Self

Type: N/A

Payer: Wellcare HMO, Inc. (14163)

Priority: Primary Start Date: 2016-01-01 Relationship to Insured: Self

Type: N/A

Payer: Wellcare HMO, Inc. (14163)

Priority: Primary Start Date: 2016-09-01 Relationship to Insured : Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority: Secondary **Start Date**: 2011-10-05 Relationship to Insured: Self

Type: N/A

Payer: Medicaid Texas (SKTX0)

Priority : Secondary Start Date: 2016-05-01 Relationship to Insured : Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Insured ID Number: 464025772A

Group Number:

Employer Name: Cathy Benson

Copay:

Insured ID Number: 16984733

Group Number :

Employer Name : Cathy Benson

Copay:

Insured ID Number: 16984733

Group Number:

Employer Name: Cathy Benson Copay:

Insured ID Number: 464025772A

Group Number:

Employer Name: Cathy Benson

Copay:

Insured ID Number: 505208811

Group Number:

Employer Name: Cathy Benson

Copay:

Insured ID Number: 464025772A

Group Number : Employer Name : Cathy Benson

Immunizations:

Cathy Benson: Chief Complaint Patient Record Number: 1287

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> Seen by Sumana Ketha MD Seen on 21-July-2016

Chief Complaint Status: finalized

Follow up home visit for management of mood disorder, anxiety, osteoarthritis, coronary artery disease, rheumatoid arthritis, contact dermatitis, heart disease, alcohol cirrhosis of liver, chronic obstructive pulmonary disease, hypertension, lumbago, hepatitis-c, chronic pain, psoriasis, depression, and schizophrenia.

History of Present illness:

HPI Status:Finalized

Patient is a 59-year-old female in NAD with multiple chronic conditions of hypertension, anxiety, osteoarthritis, and coronary artery disease. Psoriasis is getting better. Patient states she is hurting in shoulders 6/10. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-07-21	132	78	175.00	65.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

MITIES:

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RORI-Witthim Nommall Limits ..

Thrills or Heaves-Within Normal Limits .

Medication:

ı	Description	Status	Start Date	End Date
п	Description	Jiaius	Start Date	Liiu Date

Valsartan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-15
Metoprolol Tartrate ,25 MG TABS, Take One Table Twice A Day For Heart Condition, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-13
Triamcinolone Acetonide ,0.1 % OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 454, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-11
Valsartan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-11
Zolpidem Tartrate ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-11
ALPRAZolam ,1 MG TABS, TAKE 1 TAB DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-04-08
Carisoprodol ,350 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Diovan ,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
Metoprolol Tartrate ,25 MG TABS, Take One Table Twice A Day For Heart Condition, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13
Triamcinolone Acetonide ,0.1 % OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 454, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-13

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan. 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable.

- 1. Continue current plan for hypertension.
- 2. Continue current plan for anxiety.
- 3. Continue current plan for osteoarthritis.
- 4. Continue current plan for coronary artery disease.

5. Continue current plan for heart disease.

Refilled alprazolam 1 mg tablet daily, Hydrocodone-Acetaminophen 10/325 mg tablet p.o., t.i.d., p.r.n., Valsartan 160 mg tablet daily, Zolpidem 10 mg tablet daily at bed time.

Medical Problem:

Description	Status	Start Date	End Date
Anxiety disorder, unspecified	Jiaius	July Date	Line Date
(ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-06	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-06	
Atherosclerosis of coronary artery bypass graft(s) without angina pectoris (ICD10:l25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris Unknown or N/A	Active)	2015-10-06	
Unilateral primary osteoarthritis, unspecified knee (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Heart disease, unspecified (ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Other specified papulosquamous disorders (ICD10:L44.8 Other specified papulosquamous disorders) Unknown or N/A	Active	2015-10-01	
Essential (primary) hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Contact dermatitis and other eczema due to other specified agents (ICD10:L25.8 Unspecified contact dermatitis due to other agents) 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	
Osteoarthrosis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic pulmonary heart disease, unspecified (ICD10:127.9 Pulmonary heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Alcoholic cirrhosis of liver (ICD10:K70.30 Alcoholic cirrhosis of liver without ascites) Unknown or N/A	Active	2015-10-01	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	

Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Osteoarthrosis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01
Psoriasis (ICD10:L40.8 Other psoriasis) Unknown or N/A	Active	2015-10-01
Depression (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Hepatitis C (ICD10:B19.20 Unspecified viral hepatitis C without hepatic coma) Unknown or N/A	Active	2015-10-01
Allergic rhinitis (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) 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
Cirrhosis of liver without mention of alcohol (ICD10:K74.60 Unspecified cirrhosis of liver) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Heart disease, unspecified (ICD10:l51.9 Heart disease, unspecified) Unknown or N/A	Active	2015-10-01
Other psoriasis and similar disorders (ICD10:L44.8 Other specified papulosquamous disorders) Unknown or N/A	Active	2015-10-01
Unspecified episodic mood disorder (ICD9:296.90 Unspecified episodic mood disorder) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date	
Penicillin				
(ICD9:V14.0 Personal history of allergy to penicillin)	Active			
Unknown or N/A				

Surgeries:

Description	Status	Start Date	End Date
Thyroid surgery Unknown or N/A	Active		
Gallbladder	Active		
Unknown or N/A	Active		

went to methodist in 2014 Unknown or N/A	Active
went to methodist in 2014 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

Current home health agency: Emrick Services INC

Primary Justification Medical Conditions: COPD, Depression, HTN, Heart_Disease, Schizophrenia

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 schizophrenia and inability to self medicate currently. Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely

leave home alone. **Signed by (NP):** 302

Signed On (NP): 2016-07-21 08:25 **Signed By (Physician):** 18

Signed on (Physician): 2016-07-28 08:25

Form_status: finalized

DME:

Description	Status	Start Date	End Date			
Nalker w/seat attachment(rollator)						
Unknown or N/A	Active	2013-11-18				
2013-11-18 by Dr. Sumana Ketha						
Gloves	Author					
Unknown or N/A	Active					
Alcohol Pads						
Unknown or N/A	Active					
Probe Covers						
Unknown or N/A	Active					

Printed on 25-Sep-2016 19:30:16 pm.