

Nicole Birdow: Patient Information
Patient Record Number:6234

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: Nicole E Birdow
External ID: 6234
DOB: 1978-05-24
Sex: Female
S.S.: 457-59-3348
Patient Drive Folder: 0B0x_tbqdBDPhVi12RnVKdFpWNGM

Address: 3200 S Lancaster
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Shonna
Mobile Phone: 214-743-0482
Street Address: 3200 S Lancaster

Family History:

Last Recorded On: 01-26-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-26-2017.
Tobacco: Current some day smoker Smokes one packet per day. **Status:** Current
Alcohol: Drinks alcohol. **Status:** Current
Recreational Drugs: Acid/Cocaine/Methyl **Status:** Current
Nutrition History: Regular diet..
Developmental History: Education level is 10th grade..

Tests and Exams:

Last Recorded On: 01-26-2017.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000022630
Group Number :
Employer Name : Nicole Birdow
Copay :
Insured ID Number : 504309897
Group Number :
Employer Name : Nicole Birdow

Immunizations:

Nicole Birdow: Chief Complaint
Patient Record Number:6234

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Seen by Sumana Ketha MD
Seen on 16-December-2016

Chief Complaint Status:finalized

Follow-up visit to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, asthma, depression, insomnia, urinary incontinence, and schizophrenia. Patient complains of not sleeping through the night.

History of Present illness:

HPI Status:Finalized

A 38-year-old African-American female in no acute distress with multiple chronic conditions of the following hypertension with vascular complications, asthma, depression, insomnia, urinary incontinence, and schizophrenia. Patient complains of having not sleeping through the night. Patient denies sleeping during the day. Patient also states she has pain in her leg. 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
2016-12-16	122	76	285.00	66.00	97.60	16.00	~	46.0	0.00

Review of Systems:

Constitutional:

No **Psychosis** **Yes** **Generalized**
 No **Delusions** **Yes** **Schizophrenia Psych** **Diagnosis** **YES**
 No **Depression** **Yes** **History**
 No **Alcohol** **Yes** **Secine**
 No **Quitting** **Yes** **Sights**
 No **Blind** **Yes** **Apprite**
 No **Digital** **Yes** **Range Of Motion**

Physical Exam:

SIGNIFICANT FINDINGS: **None**

DISC: Non-Obstructive Craniocervical Junction. No Evidence of Chiari Malformation. No Evidence of Ligamentum flavum thickening. Bilateral Nasal Turbinates-Within Normal Limits.

NEURO:
 REF: [The EOM Will Undermine the](#)

REF:
Affects CTRAB Within Normal Limits.

Respirator Effect on Laborer Within a Normal Lungs

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as 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 encouraged to exercise daily as tolerated. No that's needed this visit. The patient verbalized understanding of the above planning 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. Depression, continue current plan.
2. Asthma, continue current plan.

3. Insomnia, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Urinary incontinence, continue current plan.
6. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-11-04	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-09-30	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-22	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-07-22	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-07-22	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-07-22	

Allergies:

Description	Status	Start Date	End Date
Divalproex Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation. 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: YES

Next Visit Duration (in days): 31

Primary Justification Medical Conditions: Asthma, Depression, HTN, Intellectual Disabilities, Schizophrenia

Additional Medical Conditions: Insomnia.

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is home-bound due to mental illness and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to mental illness and they believe so.

Signed by (NP): 16

Signed On (NP): 2016-12-16 03:42

Signed By (Physician): 18

Signed on (Physician): 2016-12-23 03:42

Form_status: finalized

Procedure Order:

Patient ID	6234	Order ID	1356
Patient Name	Birdow, Nicole E	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-12-23**.

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