

**Shaverisha Hayes: Patient Information**  
Patient Record Number:5873

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texas-housecalls.com

**Name:** Shaverisha S Hayes  
**External ID:** 5873  
**DOB:** 1988-06-17  
**Sex:** Female  
**Marital Status:** Single  
**Patient Drive Folder:** 0B0x\_tbqdBDPhalB4anMyU3VDZIU

**Address:** 3006 Mesa View Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75241  
**Country:** USA  
**Emergency Contact:** 469-348-1541  
**Home Phone:** 469-765-2298  
**Street Address:** 3006 Mesa View Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 01-26-2017.  
**Father:** Father is alive with complaint of schizophrenia. .  
**Mother:** Mother is alive..  
**Siblings:** None..  
**Offspring:** None..

## Social History:

**Last Recorded On:** 01-26-2017.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Developmental History:** Education level is 12th grade + 1-2 years..

## Tests and Exams:

**Last Recorded On:** 01-26-2017.  
**Mammogram (>40yrs, Yearly)** N/A Done in 2016.  
**PAP Smear** N/A Done in 2016.

## 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 :** 509264060  
**Group Number :**  
**Employer Name :** Shaverisha Hayes

**Immunizations:**

**Shaverisha Hayes: Chief Complaint**  
Patient Record Number:5873

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**Seen by** Sumana Ketha MD  
**Seen on** 27-December-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of depression, lumbago, asthma, gastroesophageal reflux disease, schizophrenia, anxiety and chronic pain syndrome. Patient complains of chronic back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 28-year-old African-American female in NAD with multiple chronic conditions of the following depression, lumbago, asthma, gastroesophageal reflux disease, schizophrenia, anxiety and chronic pain syndrome. Patient states that she has chronic lower back pain that is chronic. Patient rates her current pain today at 6/10 and states she gets relief with current pain medication. 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 |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-12-27   | 132 | 76  | 165.00 | 63.00 | 97.80       | 16.00 | ~    | 29.2 | 0.00      |

## Review of Systems:

**Constitutional:**

**Revisiting the Mahatma:**

Non-Schizophrenia Psych Diagnosis YES

No ~~more~~ ~~fresh~~ ~~and~~ ~~good~~ ~~fresh~~

## No ~~more~~ problems

No ~~Content~~ ~~Editor~~

**No Change in Pipe**

### No Direction In Range

No Constipation

### Physical Exam:

**FIGURE 3:**

**SIGNMENT: NERVENPROBENSTÜCKE: NACH DEM 1. KONTAKT MIT DEM LEHRER**

**NEERO:**

**Findings:** Soft Palate-Tonsils-Within Normal Limits. Uvula-Pink, Bilateral Nasal Turbinates-Within Normal Limits.

**PSYCH:**

RRR/AFECU Within Normal Limits Alert and Oriented X3-Within Normal Limits.

**RESP:**

Abol. CTAS with Questions Appropriately-Within Normal Limits.

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

**Medication:**

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| NexIUM ,40 MG CPDR, Take 1 capsule (40 mg) by mouth daily,<br>Quantity: 30, Refill Quantity: 2 |        |            |          |
| Unknown or N/A   | Active | 2016-12-31 |          |
| by Jones, Derrick - MJ3217331  |        |            |          |
| Texas Physician House Calls  |        |            |          |

ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS  
EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 2

Unknown or N/A

Active

2016-09-08

by Jones, Derrick - MJ3217331

Texas Physician House Calls

## 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

Lumbago w/sciatica continue current plan

Asthma continue current plan

Depression continue current plan

Anxiety continue current plan

Chronic Pain Syndrome continue current pain medication

GERD continue current plan

Schizophrenia continue current plan

Medication refills as follows:

Zoloft 5 mg q.d.

Pro-Air INH

Norco 10/325 mg t.i.d.

Pantrazole 40 mg q.d.

## Medical Problem:

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Low back pain<br>( ICD10:M54.5 Low back pain)<br>Unknown or N/A   | Active | 2016-12-27 |          |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A  | Active | 2016-12-27 |          |
| Major depressive disorder, single episode, unspecified<br>( ICD10:F32.9 Major depressive disorder, single episode, unspecified)<br>Unknown or N/A | Active | 2016-12-27 |          |
| Chronic pain syndrome<br>( ICD10:G89.4 Chronic pain syndrome)<br>Unknown or N/A   | Active | 2016-10-12 |          |
| Lumbago with sciatica, right side<br>( ICD10:M54.41 Lumbago with sciatica, right side)<br>Unknown or N/A  | Active | 2016-09-06 |          |
| Unspecified asthma, uncomplicated<br>( ICD10:J45.909 Unspecified asthma, uncomplicated)<br>Unknown or N/A   | Active | 2016-09-06 |          |
| Anxiety disorder, unspecified<br>( ICD10:F41.9 Anxiety disorder, unspecified)<br>Unknown or N/A   | Active | 2016-09-06 |          |
| Gastro-esophageal reflux disease without esophagitis<br>( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis)<br>Unknown or N/A     | Active | 2016-09-06 |          |

## Allergies:

| Description                   | Status | Start Date | End Date |
|-------------------------------|--------|------------|----------|
| Apple Juice<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Cyst on chest and eye were removed at young age.<br>Unknown or N/A | Active |            |          |
| Motor vehicle accident in 2015.<br>Unknown or N/A                  | Active |            |          |
| Hospitalized for sprained knee in 2016.<br>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

**Current home health agency:** Kingdom Home

**Primary Justification Medical Conditions:** Schizophrenia,Rheumatoid Arthritis\_Osteoarthr,Asthma,Depression

**Additional Medical Conditions:** Lumbago, Anxiety, GERD, Chronic Pain Syndrome

**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 health illness.

**Certification Statement:** Skilled nursing is needed due to mental health illness and inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-27 01:30

**Signed By (Physician):** 18

**Signed on (Physician):** 2017-01-03 01:30

**Form\_status:** finalized

## Procedure Order:

|              |                     |                |                     |
|--------------|---------------------|----------------|---------------------|
| Patient ID   | 5873                | Order ID       | 1415                |
| Patient Name | Hayes, Shaverisha S | 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 |          |          |        |      |         |      |     |       |       |       |      |

Printed on 28-Jan-2017 12:08:27 pm.