

Tiffany Wright: Patient Information
Patient Record Number:5861

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: Tiffany Wright

External ID: 5861

DOB: 1982-03-30

Sex: Female

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?srtp=0#folders/0B1v8FHBd_SfCbU4wMEIzNFJLWnM

Address: 2982 Spruce Valley Ln

City: Dallas

State: Texas

Postal Code: 75233

Country: USA

Home Phone: 214-861-0644

Street Address: 2982 Spruce Valley Ln

Apt/Suite/Other: 267

Family History:

Last Recorded On: 01-07-2017.

Father: Father is alive with multiple personality disorder, CAD, and AIDS..

Mother: Mother is alive with HTN, DM2, bipolar, and obesity..

Siblings: Sister is alive with asthma and obesity..

Offspring: Patient has 3 children. 2 boys, one with asthma, and ADHD and a girl with ADHD. Patient is separated and single..

Other Family Relative: Family history of lung, breast and ovarian cancer.

Primary Family Med Conditions:

Last Recorded On: 01-07-2017.

Risk Factors: HIV / AIDS.

Chronic Conditions: Asthma,Diabetes,Hypertension.

Mental Conditions: Bipolar Disorder.

Social History:

Last Recorded On: 01-07-2017.

Tobacco: Smokes 1 cigar per day **Status:** Current

Alcohol: Social drinker **Status:** Current

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular.

Developmental History: Education level is 11th grade..

Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 01-07-2017.

Mammogram (>40yrs, Yearly) Abnormal Done on 05/20/2015, at Las Colinas Medical Center, ordered by Dr. Sumana Ketha.

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 : 520010117
Group Number :
Employer Name : Tiffany Wright

Immunizations:

Tiffany Wright: Chief Complaint
Patient Record Number:5861

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

Chief Complaint Status:finalized

Followup home visit for management of bipolar, depression, anxiety, asthma, hypertension, schizophrenia, osteoarthritis, and chronic pain syndrome. Patient complains of pain at the time of menstruation period.

History of Present illness:

HPI Status:Finalized

Patient is a 34-year-old African-American female in no acute distress with multiple chronic conditions of bipolar, depression, anxiety, asthma, hypertension, osteoarthritis, and chronic pain. Patient states that for several days she has had severe pain menstrual cycle. Patient rates pain at 7/10. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea/ vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-16	169	109	372.00	66.00	97.40	16.00	~	60.0	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Change
No Fatigue
No Anorexia
No Polyphagia
No Polyuria
No Polydipsia
No Nocturia
No Change in Appetite
No Change in Sleep
No Change in Energy
No Change in Mood
No Change in Thoughts
No Change in Emotions
No Change in Current
No Change in Past
No Use Of Dentures

Physical Exam:

HEENT:

Head, Eyes, Ears, Nose, Throat-Within Normal Limits .

EXTREMITIES:

Extremities-Within Normal Limits .

CV:

CV-Within Normal Limits .

Murmur, Rubs,Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Cipro ,250 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 14, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06	

Robitussin Cough/Chest DM Max ,10-200 MG/5ML LIQD, TAKE 5 ML 4 TIMES DAILY AS NEEDED, Quantity: 300, Refill Quantity: 0	Active	2016-10-06
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY IN THE MORNING, Quantity: 90, Refill Quantity: 0	Active	2016-09-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 1	Active	2016-09-08
Unknown or N/A 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: 42.5, Refill Quantity: 3	Active	2016-09-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Symbicort ,80-4.5 MCG/ACT AERO, Inhale One Spray Puffs By Mouth Every 12 Hours, Quantity: 5, Refill Quantity: 3	Active	2016-09-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY IN THE MORNING, Quantity: 30, Refill Quantity: 0	Active	2016-07-07
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1	Active	2016-04-03
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Fluconazole ,200 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED, Quantity: 14, Refill Quantity: 0	Active	2016-04-03
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 1	Active	2016-04-03
Unknown or N/A 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: 17, Refill Quantity: 3	Active	2016-04-03
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0	Active	2016-03-21
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1	Active	2016-01-17
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3	Active	2016-01-17
Unknown or N/A 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: 17, Refill Quantity: 3	Active	2015-11-22
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		

Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3

Unknown or N/A

Active

2015-11-22

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Plan Note:

Plan Note Status:Finalized

Continue the same treatment plan for other diagnosis. 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 read current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath and excessive headache, blurry vision her systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs needed this visit. Patient verbalized understanding of the above plan I 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. Hypertension with vascular complications, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Asthma, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Anxiety, continue current plan.
7. Bipolar, continue current plan.
8. Depression, continue to monitor.
9. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Cystitis, unspecified without hematuria (ICD10:N30.90 Cystitis, unspecified without hematuria) Unknown or N/A	Active	2016-10-05	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-10-05	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-08	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-09-08	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-05	
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	2016-07-05	
Bipolar disorder, current episode manic without psychotic features, unspecified (ICD10:F31.10 Bipolar disorder, current episode manic without psychotic features, unspecified) Unknown or N/A	Active	2016-03-31	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) 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	

Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Other bipolar disorders (ICD10:F31.81 Bipolar II disorder) 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
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Osteoarthritis, 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

Allergies:

Description	Status	Start Date	End Date
shell fish Unknown or N/A	Active	2015-04-10	
shingles Unknown or N/A	Active	2015-04-10	

Surgeries:

Description	Status	Start Date	End Date
tubal ligation in 2005 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: Texas Premier Home Health Care

Primary Justification Medical Conditions: HTN,bipolar,Asthma,Depression

Additional Medical Conditions: Anxiety, 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: SN needed due to mental illness and inability to self medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis and chronic pain. Patient has unsteady painful ambulation with extremely poor balance and weakness.

Signed by (NP): 16

Signed On (NP): 2016-11-16 02:12

Signed By (Physician): 18

Signed on (Physician): 2016-11-23 02:12

Form_status: finalized

Procedure Order:

Patient ID	5861	Order ID	1172
Patient Name	Wright, Tiffany	Ordered By	Love-Jones, Derrick

Order Date	2017-01-07	Print Date	2017-01-07
Order Status	routed	Encounter Date	2017-01-07
Lab	.HH Agency	Specimen Type>	

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



Electronically Signed by **Sumana Ketha, MD** on **2016-11-23**.

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