

**Joe Ball: Patient Information**  
Patient Record Number:6074

**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:** Joe Ball  
**External ID:** 6074  
**DOB:** 1957-11-17  
**Sex:** Male  
**Marital Status:** Single  
**User Defined:** 469-219-4754  
**Patient Drive Folder:** patient is coming to wecare

**Address:** 1526 E Overton Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216-5837  
**Country:** USA  
**Home Phone:** 469-219-4754  
**Mobile Phone:** 972-729-0146  
**Street Address:** 1526 E Overton Rd  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 01-15-2017.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..

## Social History:

**Last Recorded On:** 01-15-2017.  
**Tobacco:** No smoking **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drugs **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 01-15-2017.

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2013-02-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 530488027  
**Group Number :**  
**Employer Name :** Joe Ball

**Immunizations:**

**Joe Ball: Chief Complaint**  
Patient Record Number:6074

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**Seen by** Sumana Ketha MD  
**Seen on** 09-December-2016

**Chief Complaint Status:**finalized

Followup home visit for management to prevent further decline of chronic medical conditions of schizophrenia, lumbago pain, chronic pain, insomnia, anxiety and depression. Patient complains of lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 59-year-old AA male with multiple chronic conditions of chronic pain, anxiety, depression, insomnia and schizophrenia. Patient complains of lower back pain. Patient believes he has a pinched nerve but denies any recent trauma. Patient rates his pain at 7/10. Denies chest pain, headache, nausea or vomiting.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-09	145	88	155.00	75.00	97.40	16.00	~	19.4	0.00

## Review of Systems:

**Constitutional:**

**Geometrische Optik:**

## Neurotransmitters

No ~~\_\_\_\_\_~~ bath

**Notwithstanding to whomsoever**

**No change in appetite**

**Normal Difficult Nature Of Urine**

### No Digitalisation Range Of Motion

### Physical Exam:

**REMARKS:**

**Need Daily Oil Change and Big We'll Nasa Turbines-Within Normal Limits .**

### DEVIATIONS:

**SEVEN-POWERS-OF-TWO LOG-TRANSFORMED DATA WITHIN NORMAL LIMITS.**

**CV:**

## Repeating Nonnormal Limits

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take 1 tablet every 12 hours as needed for pain, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-05-09	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Acetaminophen-Codeine #3 ,300-30 MG TABS, Take One Tablet By Mouth 3 Times a Day, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-04-05	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Acetaminophen-Codeine #3 ,300-30 MG TABS, Take One Tablet By Mouth 3 Times a Day, Quantity: 90, Refill Quantity: 0

Unknown or N/A

Active

2016-03-04

by ketha, Dr sumana - BK6230281

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## Plan Note:

### Plan Note Status:Finalized

Continue same as previous. 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 so, 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 labs needed this visit. The patient verbalize understanding of the above plan and was given my 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.

Insomnia continue current plan

Depression continue current plan

Anxiety continue current plan

Chronic Pain Syndrome continue current pain medication

Lumbago w/sciatica continue current plan

Medication refills as follows:

Norco 10/325 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, unspecified side ( ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-07-15	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-10	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-03-09	
Cough ( ICD10:R05 Cough) Unknown or N/A	Active	2016-02-03	
Insomnia due to medical condition ( ICD10:G47.01 Insomnia due to medical condition) Unknown or N/A	Active	2016-02-03	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-12-30	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-12-30	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-12-30	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-30	

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2015-12-30	

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** YES

**Is Home Health Care Needed:** NO

**Does Patient have reliable other Primary Care Physician:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Nursing Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to severe schizophrenia and chronic pain issues.

**Certification Statement:** No skilled nursing needed at this time but patient is homebound due to severe mental illness and chronic pain issues.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-09 01:40

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-16 01:40

**Form\_status:** finalized

## Procedure Order:

Patient ID	6074	Order ID	1336
Patient Name	Ball, Joe	Ordered By	Love-Jones, Derrick
Order Date	2017-01-16	Print Date	2017-01-16
Order Status	complete	Encounter Date	2017-01-16
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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