Laura Kennedy: Patient Information

Patient Record Number:5252

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: Laura Kennedy External ID: 5252 **DOB**: 1960-06-19 Sex: Female

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXWEs0MFFxT0FmUUk

Address: 2733 S Marsalis Ave

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

Home Phone: 469-826-8013 Work Phone: 940-745-8801 Mobile Phone: 972-375-7179

Street Address: 2733 S Marsalis Ave

Family History:

Last Recorded On: 09-30-2016.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown.. Offspring: Unknown..

Social History:

Last Recorded On: 09-30-2016.

Tobacco: Smoker, current status unknown Smokes cigars per day. Status: Current

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: 09-30-2016.

Mammogram (>40yrs, Yearly) Abnormal 07/22/2014

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date : 2010-01-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)
Priority: Primary

Start Date : 2014-04-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)
Priority: Primary

Start Date: 2015-05-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 523766865

Group Number:

Employer Name: Laura Kennedy

Copay : Insured ID Number : 523766865

Group Number : Employer Name : Laura Kennedy

Copay:

Insured ID Number: 523766865

Group Number:

Employer Name : Laura Kennedy

Immunizations:

Laura Kennedy: Chief Complaint Patient Record Number:5252

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

Seen by Sumana Ketha MD Seen on 24-August-2016

Chief Complaint Status: finalized

Followup home visit for management of coronary artery disease, chronic obstructive pulmonary disease, breast cancer, bipolar, gastroesophageal reflux disease, and tobacco use. Patient seen today at the request of hypertension.

History of Present illness:

HPI Status:Finalized

A 56-year-old African-American female seen for medical management of coronary artery disease, chronic obstructive pulmonary disease, breast cancer, severe bipolar disorder, gastroesophageal reflux disease, and tobacco use. Patient denies any new issues or complaints upon examination. Patient complains of joint pain. Patient denies any CP, HA, or N/V. Patient needs refill of her medications. Patient still smokes.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-24	99	49	147.00	68.00	97.40	18.00		22.3	0.00

Review of Systems:

Constitutional:

th**gatalinga**ntunologic:

MeimopathyNo Neuro Numbness

YES Noda

High Service And Control No B

No **Medicing iss**on

No Blittle Book Amment tite

NeabhilianebhbhagainYc\√S

No Chonyattipnetrione

No Obstruction

Physical Exam:

. With the Heavy With lake and Up in miles - With the Conformic original in the Conformic orig

TAS REMITIES:

Reministration Mething Mething Mething Mething Turbinates - Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized

- 1. Chronic obstructive pulmonary disease, refilled ProAir.
- 2. Bipolar disorder. Sees MHMR.
- 3. Hypertension, education on taking low-sodium diet.
- 4. Gastroesophageal reflux disease, Omeprazole 40 mg daily.
- 5. Coronary artery disease. Patient says she has myocardial infarction in the past.
- 6. Asthma exacerbation, on medications.
- 7. Tobacco abuse. Discussed with the patient to quit smoking.
- 8. Patient was given blood pressure and GERD medications.
- 9. Medication adherence was given to the patient.

- 10. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
- 11. Reviewed old records of the patient.
- 12. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-08-24	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-06-22	
Idiopathic progressive neuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2016-05-04	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-03-09	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-03-09	
Malignant neoplasm of unspecified site of unspecified female breast (ICD10:C50.919 Malignant neoplasm of unspecified site of unspecified female breast) Unknown or N/A	Active	2015-12-02	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-12-02	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-12-02	
Myocardial infarction (ICD10:I25.2 Old myocardial infarction) Unknown or N/A	Active	2015-12-02	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) 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	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

	Description	Status	Start Date	End Date
Penicillin		Active	2015-12-02	
Unknown or N/A		Active	2010-12-02	

Surgeries:

Description	Status	Start Date	End Date
Left mastectomy Unknown or N/A	Active	2015-12-02	
Tubal ligation. Unknown or N/A	Active	2015-12-02	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: NO Nursing Required: NO

 $\textbf{Clinical Findings To Justify Home Health:} \ \ \text{No HHC needed}.$

Signed By (Physician): 18

Signed on (Physician): 2016-08-24 04:04

Form_status: finalized

Printed on 30-Sep-2016 21:37:34 pm.