

**Jewel Brown: Patient Information**  
Patient Record Number:1221

**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:** Jewel Brown  
**External ID:** 1221  
**DOB:** 1943-08-09  
**Sex:** Female  
**S.S.:** 458-48-6775  
**Marital Status:** Divorced  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NVg2cTBvNVJNc1U>

**Address:** 11760 Ferguson Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75228  
**Country:** USA  
**Home Phone:** 214-916-8861  
**Mobile Phone:** 469-285-8077  
**User Email:** jbrown@gmail.com  
**Street Address:** 11760 Ferguson Rd  
**Apt/Suite/Other:** #2025 Building-D

## Past Medical History:

**Last Recorded On:** 12-03-2016.  
**Risk Factors:** Gout,Lumbago.  
**Additional Medical History:** Allergic rhinitis, cardiomyopathy..

## Family History:

**Last Recorded On:** 12-03-2016.  
**Father:** Father had heart disease and liver cirrhosis..  
**Mother:** Mother had hypertension,congestive heart failuer, and history of cancer..  
**Offspring:** Two children..

## Primary Family Med Conditions:

**Last Recorded On:** 12-03-2016.  
**Chronic Conditions:** Heart Failure,Hypertension.  
**Chronic Body System Category:** Diseases of the circulatory system ,Diseases of the digestive system .

## Social History:

**Last Recorded On:** 12-03-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..  
**Developmental History:** Well..  
**Other History:** Education level is 11th grade. Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 12-03-2016.

**PT/INR (if no HH)** Abnormal Done on 08/31/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

**Vitamin D (6 mo if on pills)** Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**TSH Thyroid-Stimulating Hormone (every year)** Normal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**CBC Complete Blood Count (3 months)** Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**LIPIDS (once year unless chol meds)** Abnormal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**UA - Urinalysis - (Yearly - HH primary responsibility)** Normal Done on 09/03/2014, at Evolution Health, ordered by Dr. Sumana Ketha.

**Mammogram (>40yrs, Yearly)** N/A Done on 2011.

**Sigmoid/Colonoscopy** N/A Done

**PAP Smear** N/A Done on 2011.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2008-08-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2016-03-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

**Start Date :** 2011-02-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Molina Healthcare of Texas (Z1161)

**Priority :** Secondary

**Start Date :** 2012-12-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**

**Insured ID Number :** 458486775D6

**Group Number :**

**Employer Name :** Jewel Brown

**Copay :**

**Insured ID Number :** 458486775D6

**Group Number :**

**Employer Name :** Jewel Brown

**Copay :**

**Insured ID Number :** 523789206

**Group Number :**

**Employer Name :** Jewel Brown

**Copay :**

**Insured ID Number :** 523789206

**Group Number :**

**Employer Name :** Jewel Brown

## Immunizations:

**Jewel Brown: Chief Complaint**  
Patient Record Number:1221

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**Seen by** Derrick Love-Jones  
**Seen on** 20-October-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of schizophrenia, osteoarthritis, insomnia, cough, chronic pain, cataract, sleep apnea, allergic rhinitis, hyperlipidemia, diabetes-2, hypertension, atrial fibrillation, backache, chest pain, asthma, urinary incontinence, gout, bronchitis, convulsions, depression, and cardiomegaly. Patient complains of cough and congestion x 2 weeks.

**History of Present illness:**

**HPI Status:**Finalized

An 73-year-old AA female in NAD with multiple chronic conditions of schizophrenia, osteoarthritis, insomnia, chronic pain, cataract, sleep apnea, allergic rhinitis, hyperlipidemia, diabetes-2, hypertension, atrial fibrillation, urinary incontinence, backache, chest pain, asthma, gout, bronchitis, convulsions, depression and cardiomegaly. Patient states that she has had a cough and congestion with no relief for 2 weeks. Patient continues to complain that she has chronic lower back pain. Patient rates pain 7/10. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-20	148	71	270.00	61.00	97.80	16.00	~	51.0	0.00

## Review of Systems:

**Constitutional:**

**Genetic Engineering Technology:**

[illegible]

### Physical Exam:

**SUMMARY:**

**ALL MEASUREMENTS WERE WITHIN NORMAL LIMITS.**

**ENEMITIES:**

**Duration of the study** 12 months

**CV:**

**Res: With No Nonlinear Limits.**

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Coumadin ,5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Warfarin Sodium ,2.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-05
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take one tablet by mouth three times daily as needed, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-04-24
Lantus SoloStar ,100 UNIT/ML SOPN, Inject 70 Units At Bedtime, Quantity: 15, Refill Quantity: 4 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2014-11-07

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan 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 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, headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. Patient verbalize understanding of the above plan was giving 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. Pharyngitis, start Z-Pak.
2. Asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Gout, continue current plan.
5. Schizophrenia, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.
7. Cataracts, continue current plan.
8. Sleep apnea, continue current plan.
9. Allergic rhinitis, continue current plan.
10. Hyperlipidemia, continue current plan.
11. Diabetes mellitus type 2 with neuropathy, continue current plan.
12. Atrial fibrillation, continue current plan.
13. Lumbago with chronic pain, continue current plan.
14. Urinary incontinence, continue current plan.
15. Gout, continue current plan.
16. Depression, continue current plan.
17. Cardiomegaly, continue to monitor.

Medication refills as follows:

Warfarin 5 mg q.d.  
Lasix 40 mg q.d.  
HCTZ 25 mg q.d.  
Lisinopril 5 mg q.d.  
ProAir INH.

## Medical Problem:

Description	Status	Start Date	End Date
Other convulsions ( ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified ( ICD10:I50.9 Heart failure, 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 specified arthropathy, lower leg ( ICD10:M12.869 Other specific arthropathies, not elsewhere classified, unspecified knee) Unknown or N/A	Active	2015-10-01	

Obstructive chronic bronchitis with (acute) exacerbation ( ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes ( ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Chest pain, unspecified ( ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified 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
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Backache, unspecified ( ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Malignant 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, uncontrolled ( ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Major depressive disorder, single episode ( ICD9:296.20 Major depressive affective disorder, single episode, unspecified) Unknown or N/A	Active	
Unspecified schizophrenia, unspecified state ( ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active	
Osteoarthritis, localized, primary, involving hand ( ICD9:715.14 Osteoarthritis, localized, primary, hand) Unknown or N/A	Active	
Osteoarthritis, localized, primary, involving lower leg ( ICD9:715.16 Osteoarthritis, localized, primary, lower leg) Unknown or N/A	Active	
Depressive disorder, NOS ( ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	
Insomnia, unspecified ( ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	
Chronic pain syndrome ( ICD9:338.4 Chronic pain syndrome) Unknown or N/A	Active	
Cardiomegaly ( ICD9:429.3 Cardiomegaly) Unknown or N/A	Active	
Nonsenile cataract, unspecified ( ICD9:366.00 Nonsenile cataract, unspecified) Unknown or N/A	Active	

Obstructive sleep apnea (adult)(pediatric) ( ICD9:327.23 Obstructive sleep apnea (adult)(pediatric)) Unknown or N/A	Active
Allergic rhinitis, cause unspecified ( ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active
Other primary cardiomyopathies ( ICD9:425.4 Other primary cardiomyopathies) Unknown or N/A	Active
Other and unspecified hyperlipidemia ( ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active
Cough ( ICD9:786.2 Cough) Unknown or N/A	Active
Other chronic pain ( ICD9:338.29 Other chronic pain) Unknown or N/A	Active

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Baylor for Asthma Unknown or N/A	Active	2015-08-19	
Colonoscopy in 2012 Unknown or N/A	Active		
Partial hysterectomy Unknown or N/A	Active		
Cholecystectomy Unknown or N/A	Active		
CVA right hemi 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:** YES

**Is House Visit Needed:** YES

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

**Primary Justification Medical Conditions:** Asthma,Cataract,Depression,diabetes,Heart\_Failure,HTN,Schizophrenia

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to schizophrenia, asthma and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to asthma and schizophrenia. Patient experiences confusion and shortness of breath and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-20 03:29

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-27 03:30

**Form\_status:** finalized

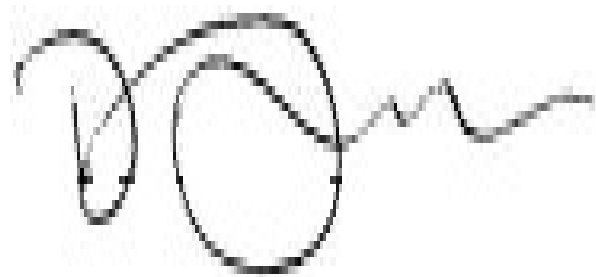
## DME:

Description	Status	Start Date	End Date
Wheelchair-Manual Unknown or N/A by Dr. Sumana Ketha	Active		
Walker Unknown or N/A by Dr. Sumana Ketha	Active		
Cane Unknown or N/A by Dr. Sumana Ketha	Active		
Bathroom Safety Devices Unknown or N/A by Dr. Sumana Ketha	Active		
Alcohol Pads Unknown or N/A by Dr. Sumana Ketha	Active		
Probe covers Unknown or N/A by Dr. Sumana Ketha	Active		
Gloves Unknown or N/A by Dr. Sumana Ketha	Active		
Diabetic Supplies Unknown or N/A by Dr. Sumana Ketha	Active		

## Procedure Order:

Patient ID	1221	Order ID	1223
Patient Name	Brown, Jewel	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-27**.

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