

**Darlene Young: Patient Information**  
Patient Record Number:6190

**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:** Darlene Young  
**External ID:** 6190  
**DOB:** 1961-01-09  
**Sex:** Female

**Address:** 220 Stoneport Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75217  
**Country:** USA  
**Mobile Phone:** 214-438-9210  
**Street Address:** 220 Stoneport Dr  
**Apt/Suite/Other:** Apt 6107

## Family History:

**Last Recorded On:** 11-20-2016.  
**Father:** Father died..  
**Mother:** Mother died..  
**Siblings:** None..  
**Offspring:** Denies..

## Social History:

**Last Recorded On:** 11-20-2016.  
**Tobacco:** No smoking. **Status:**  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Developmental History:** Education level is 12th grade..  
**Other History:** Influenza in 2015..

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2016-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 513229653  
**Group Number :**  
**Employer Name :** Darlene Young

## Immunizations:

**Darlene Young: Chief Complaint**  
Patient Record Number:6190

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**Seen by** Sumana Ketha MD  
**Seen on** 14-October-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, hyperlipidemia, osteoarthritis with chronic pain, depression, and chronic pain syndrome. Patient complains of knee pain and shoulder pain.

**History of Present illness:**

**HPI Status:**Finalized

A 55-year-old African-American female in NAD multiple chronic conditions of the following hypertension, hyperlipidemia, depression, osteoarthritis with chronic pain, and chronic pain syndrome. Patient states that she has a history of chronic knee and shoulder pain. Patient states that she has been in more pain recently. Patient does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V. Patient has taken an immunization of Fluvirin multi dose on 10/09/2016.

**Vitals:**

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-10-14   | 122 | 91  | 168.00 | 64.00 | 98.20       | 16.00 | ~    | 28.8 | 0.00      |

**Review of Systems:**

**Constitutional:**

**Weight** 168.00 lbs  
**Appetite** No Change  
**Energy** No Change  
**Thirst** No Change  
**Stomach** No Change  
**Diarrhea** No Change  
**Constipation** No Change  
**Depression** No Change

**Physical Exam:**

**SKIN:**

**General** Skin appears pink, Bilateral Nasal Turbinates-Within Normal Limits .

**HEENT:**

**Eyes** Conjunctiva pink, Sclera white, Pupils equal, Normal Limits .

**BACK:**

**General** Appears to be in Good Health, Within Normal Limits .

**CV:**

**RRR**-Within Normal Limits .

**RESP:**

**Lungs** CTAB-Within Normal Limits .

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

**Medication:**

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Mupirocin Calcium .2 % CREA, APPLY AND GENTLY MASSAGE INTO AFFECTED AREA(S) TWICE DAILY, Quantity: 30, Refill Quantity: 2 | Active | 2016-10-17 |          |
| Unknown or N/A  |        |            |          |
| by Jones, Derrick - MJ3217331   |        |            |          |
| Texas Physician House Calls   |        |            |          |

|   |        |            |
|---|--------|------------|
| DiphenhydrAMINE HCl ,25 MG CAPS, Take 1 tablet at Bed time,<br>Quantity: 30, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                       | Active | 2016-09-19 |
| Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A<br>DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0<br>Unknown or N/A<br>by ketha, Dr sumana - BK6230281<br>Texas Physician House Calls | Active | 2016-06-03 |

## 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 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. Patient verbalized understanding of the above plan 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.

OA w/chronic pain continue current plan  
HTN w/vascular complications continue current plan  
Insomnia continue current plan  
HLD continue current plan  
CAD continue current plan  
Depression continue current plan  
Chronic Pain Syndrome continue current pain medication  
Abnormal Gait continue to monitor

Medication refills as follows:

Diphenhydramine 25mg qhs

Norco 10/325 mg t.i.d.

## Medical Problem:

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Insomnia, unspecified<br>( ICD10:G47.00 Insomnia, unspecified)<br>Unknown or N/A  | Active | 2016-09-16 |          |
| Chronic ischemic heart disease, unspecified<br>( ICD10:I25.9 Chronic ischemic heart disease, unspecified)<br>Unknown or N/A   | Active | 2016-09-16 |          |
| Major depressive disorder, single episode, unspecified<br>( ICD10:F32.9 Major depressive disorder, single episode, unspecified)<br>Unknown or N/A   | Active | 2016-09-16 |          |
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity<br>( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)<br>Unknown or N/A | Active | 2016-08-10 |          |
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A  | Active | 2016-05-27 |          |
| Other hyperlipidemia<br>( ICD10:E78.4 Other hyperlipidemia)<br>Unknown or N/A   | Active | 2016-05-27 |          |
| Hyperlipidemia, unspecified<br>( ICD10:E78.5 Hyperlipidemia, unspecified)<br>Unknown or N/A   | Active | 2016-05-27 |          |
| Chronic pain syndrome<br>( ICD10:G89.4 Chronic pain syndrome)<br>Unknown or N/A   | Active | 2016-05-27 |          |
| Primary generalized (osteo)arthritis<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>Unknown or N/A   | Active | 2016-05-27 |          |

|   |        |            |
|---|--------|------------|
| Polyosteoarthritis, unspecified<br>( ICD10:M15.9 Polyosteoarthritis, unspecified)<br>Unknown or N/A | Active | 2016-05-27 |
|---|--------|------------|

## Allergies:

| Description                                | Status | Start Date | End Date |
|--|--------|------------|----------|
| No known drug allergies.<br>Unknown or N/A | Active | 2016-05-26 |          |

## Surgeries:

| Description                            | Status | Start Date | End Date |
|--|--------|------------|----------|
| Hip surgery in 2012.<br>Unknown or N/A | Active | 2016-05-26 |          |

## 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:** YES

**Is House Visit Needed:** YES

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

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient homebound due to previous trauma and the inability to drive.

**Certification Statement:** No skilled nursing needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-14 02:55

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-21 02:55

**Form\_status:** finalized

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