Annie Brown: Patient Information

Patient Record Number: 2050

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: Annie Brown External ID: 2050 **DOB**: 1937-05-05 Sex: Female S.S.: 465-54-7359 Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5dC1scjNwMIRfSVE

Address: 2423 Fort Worth Avenue

City: Dallas State: Texas Postal Code: 75211 Country: USA

Home Phone: 214-414-6143

Street Address: 2423 Fort Worth Avenue

Apt/Suite/Other: Apt #213

Past Medical History:

Last Recorded On: 07-22-2016.

Additional Medical History: Open wound in left leg..

Family History:

Last Recorded On: 07-22-2016. Offspring: Five childrens..

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.

Risk Factors: None.

Social History:

Last Recorded On: 07-22-2016.

Tobacco: Never smoker Smokes daily. Status: Never

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 07-22-2016.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/16/2014 at MetroStat

Diagnostic, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 06/16/2014 at MetroStat Diagnostic,

ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/16/2014 at MetroStat

Diagnostic, ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2003-05-01 Relationship to Insured: Self

Type: N/A
Payer: Medicare B Texas (SMTX0)

Priority: Secondary Start Date: 2014-02-28 Relationship to Insured: Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Priority : Secondary
Start Date : 2016-03-01 Relationship to Insured :

Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay : Insured ID Number : 462727063D

Group Number :

Employer Name : Annie Brown

Copay:

Insured ID Number : 516656041

Group Number :

Employer Name : Annie Brown

Copay: Insured ID Number: 516656041

Group Number : **Employer Name:**

Immunizations:

Annie Brown: Chief Complaint Patient Record Number: 2050

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> Seen by Darolyn Perkins Seen on 05-July-2016

Chief Complaint Status: finalized

Followup home visit for management of chronic conditions of hypertension, mental illness, and heart disease.

History of Present illness:

HPI Status:Finalized

A 79-year-old female in NAD with multiple chronic conditions of hypertension, mental illness, and heart disease. No chest pain. No shortness of breath. Patient complains of being cool, no fever. Patient is obese. She said she still smokes. Patient is not compliant with taking her medication. Her blood pressure goes up and down. Patient complain of knee pain at 5/10, which is relieved with Tylenol. She request a wheelchair to assist with mobility.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-05	202	117	250.00	64.00	98.20	18.00	~	42.9	0.00

Review of Systems:

Constitutional:

reliainoet:

Militaitic (Dearing th No:50

No Втимиродин

No Prince Rearnge Of Motion YES

No Blooroyddan Stool

No Obstruction

Physical Exam:

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PSYCH:

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Patient Appears To Be In Good Mood-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Potassium Chloride Crys ER ,10 MEQ TBCR, TAKE 1 TABLET DAILY,			
Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-03-08	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Plan Note:

Plan Note Status: Finalized

Continue treatment plan. Reviewed and continue with current medication. Medication adherence education was given to the patient. No refills. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the family and patient. Prognosis is fair. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Hypertension, increased metoprolol.
- 2. Chronic obstructive pulmonary disease, discussed with the patient to quit smoking.
- 3. Chronic pain stable.
- 4. Obesity, needs to lose weight.
- 5. Mental illness, continue with medication.

Medical Problem:

Description	Status	Start Date	End Date
Umbilical hernia without mention of obstruction or gangrene (ICD10:K42.9 Umbilical hernia without obstruction or gangrene) Unknown or N/A	Active	2015-10-01	
Edema (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-10-01	
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Bipolar I disorder, most recent episode (or current) depressed, severe, specified as with psychotic behavior (ICD10:F31.5 Bipolar disorder, current episode depressed, severe, with psychotic features) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, localized, primary, pelvic region and thigh (ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) 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	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01	

Paranoid type schizophrenia, subchronic		
(ICD10:F20.0 Paranoid schizophrenia)	Active	2015-10-01
Unknown or N/A		
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	Active	2015-10-01
(ICD10:E11.9 Type 2 diabetes mellitus without complications)	70070	2010 10 01
Unknown or N/A		

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Cholecystectomy Unknown or N/A	Active		
Hospitalized in ER , 3 months ago. Unknown or N/A	Active		
Gallbladder removal Unknown or N/A	Active		
Hernia repair 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

Current home health agency: Aaron Home Health

Primary Justification Medical Conditions: COPD,HTN,Schizophrenia

Additional Medical Conditions: Obesity.

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: Wheelchair bound. Patient need vital monitoring and medication management for

blood pressure. Patient requires teaching/training to keep/maintain stable blood pressure.

Certification Statement: Needs SN to help manage medications.

Signed by (NP): 302

Signed On (NP): 2016-07-05 04:06 **Signed By (Physician):** 18

Signed on (Physician): 2016-07-12 04:06

Form_status: finalized

Printed: NO

DME:

Description	Status	Start Date	End Date
Walker with seat attachment			
(ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip)	Active	2015-10-01	
Unknown or N/A		2010 10 01	
2015-10-01 by Dr. Sumana Ketha			
Alcohol Pads			
Unknown or N/A	Active		
by Dr. Sumana Ketha			

Exam Gloves Unknown or N/A by Dr. Sumana Ketha	Active
Probe Covers Unknown or N/A by Dr. Sumana Ketha	Active
Pill Organizer Unknown or N/A by Dr. Sumana Ketha	Active
Cane Unknown or N/A by Dr. Sumana Ketha	Active
Wheelchair Unknown or N/A by Dr. Sumana Ketha	Active



Electronically Signed by Darolyn Perkins on 2016-07-11.

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