

**Brandy Swimmer: Patient Information**  
Patient Record Number:3376

**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:** Brandy Swimmer  
**External ID:** 3376  
**DOB:** 1959-09-30  
**Sex:** Female  
**S.S.:** 352-58-3258  
**Patient Drive Folder:** 0B0x\_t bqdBdPhbERfdFBhN1VBTTA

**Address:** 3200 South Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Work Phone:** 469-826-8013  
**Street Address:** 3200 South Lancaster Rd

## Past Medical History:

**Last Recorded On:** 01-26-2017.  
**Risk Factors:** Insomnia.

## Family History:

**Last Recorded On:** 01-26-2017.  
**Father:** Father has heart-attack..  
**Mother:** Mother with no illness..  
**Offspring:** Two children..  
**Other Family Relative:** No family history of cancer..

## Primary Family Med Conditions:

**Last Recorded On:** 01-26-2017.  
**Chronic Conditions:** Heart Failure.

## Social History:

**Last Recorded On:** 01-26-2017.  
**Tobacco:** Current every day smoker Smokes 2 cigarettes per day. **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drugs. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.

## Tests and Exams:

**Last Recorded On:** 01-26-2017.

**Insurance:**

**Molina Healthcare of Texas (Z1161)**

**Priority :** Primary  
**Start Date :** 2013-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 530645534  
**Group Number :**  
**Employer Name :** Brandy Swimmer

**Immunizations:**

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**Chief Complaint Status:**finalized

Follow up visit to prevent further decline chronic medical conditions of asthma, multiple sclerosis, manic depression, urinary incontinence, hypertension, insomnia, and chronic pain. Patient complains of increased anxiety.

**HPI Status:**Finalized

Patient is a 57-year-old Caucasian female in no acute distress with multiple chronic conditions of the following, asthma, multiple sclerosis, manic depression, urinary incontinence, hypertension, insomnia, and chronic pain. Patient states that she has had increased anxiety for several days. Patient continues to state that she has pain throughout her body, but is not able to pin-point her pain. Patient rates pain at 5/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea or vomiting.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-16	132	80	222.00	63.00	97.80	16.00	~	39.3	0.00

[illegible]

**SPRINT:**  
Strength-Within Normal Limits .  
ROM-Within Normal Limits .

**EXTRINITIES:**  
Strength-Within Normal Limits .  
ROM-Within Normal Limits .

**CYMPH:**  
ROM-Within Normal Limits .

**MUSC:**  
Strength-Within Normal Limits .  
ROM-Within Normal Limits .

Description	Status	Start Date	End Date
Diphenhydramine HCl ,50 MG CAPS, TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-12-27	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Loratadine ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-27
Naproxen ,500 MG TABS, TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-29
Loratadine ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-15
Naproxen ,500 MG TABS, TAKE ONE TABLET BY MOUTH EVERY EIGHT HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-11
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH 3 TIMES DAILY, Quantity: 8.5, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
HydroCHLORothiazide ,12.5 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH 3 TIMES DAILY, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Avonex ,30 MCG KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Hydrochlorothiazide ,12.5 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Avonex ,30 MCG KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
Naproxen ,500 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06

DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 3  
Unknown or N/A  
by ketha, Dr sumana - BK6230281  
Texas Physician House Calls

Active

2016-02-04

## 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, excessive headache, blurry vision or systolic blood pressure greater than 200. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Anxiety, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Insomnia, continue current plan.
4. Urinary incontinence, continue current plan.
5. Chronic pain syndrome, continue current pain medications.
6. Allergic rhinitis, continue current plan.
7. Asthma, continue current plan.
8. Manic depression, continue current plan.
9. Multiple sclerosis, continue current plan.
10. Insomnia,continue current plan.

Medication refills as follows,  
Pro-Air INH  
Alprozalam 0.5 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified convulsions ( ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-21	
Unspecified asthma with (acute) exacerbation ( ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-21	
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-21	
Unspecified urinary incontinence ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-21	
Other convulsions ( ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, with (acute) exacerbation ( ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Multiple sclerosis ( ICD10:G35 Multiple sclerosis) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	

Need for prophylactic vaccination and inoculation against influenza ( ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-01
Urinary Incontinence ( ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active	

## Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-06-24	

## Surgeries:

Description	Status	Start Date	End Date
Wrist and knee surgery. 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:** NO

**Is House Visit Needed:** YES

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

**Current home health agency:**

**Primary Justification Medical Conditions:** Asthma,Depression,HTN,Multiple\_Sclerosis,Schizophrenia

**Additional Medical Conditions:** Chronic Pain, Insomnia, Urinary Incontinence

**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:** Patient is homebound due to schizophrenia, manic-depression and the inability to self medicate.

**Certification Statement:** Patient needs skilled nursing due to schizophrenia, chronic pain and the inability to self medicate.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-16 04:03

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-23 04:03

**Form\_status:** finalized

## Procedure Order:

Patient ID	3376	Order ID	1361
Patient Name	Swimmer, Brandy	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98 %	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-12-23**.

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