

Bobbie Hill: Patient Information
Patient Record Number:2123

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: Bobbie Hill
External ID: 2123
DOB: 1950-12-31
Sex: Female
S.S.: 454-94-3391
Marital Status: Single
User Defined: 214-756-0872
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5b0VvSnZVS3g4ZE0>

Address: 3632 South Marsalis Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-756-0872
Mobile Phone: 214-375-2504
Street Address: 3632 South Marsalis Avenue
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-30-2016.
Risk Factors: Degenerative Joint Disease.
Additional Medical History: Polyneuropathy, overactive bladder, and morbid obesity..

Family History:

Last Recorded On: 10-30-2016.
Father: Unknown..
Mother: Mother had depression, hypertension, diabetes, congestive heart failure..
Siblings: Brother has history of cancer..
Offspring: Two children..
Other Family Relative: Lives with sister and son. Has quad cane..

Primary Family Med Conditions:

Last Recorded On: 10-30-2016.
Chronic Conditions: Depression.

Social History:

Last Recorded On: 10-30-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: ADA diet..
Developmental History: Educational level is 12th grade.
Other History: Influenza in 2014 Pneumovax in 2014.

Tests and Exams:

Last Recorded On: 10-30-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 07/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 07/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 07/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 07/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Abnormal Done on 07/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 07/14/2014 at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A 2012

Sigmoid/Colonoscopy N/A done

Insurance:

Texan Plus (Houston) HPN11

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Texan Plus (Houston) HPN11

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Texan Plus (Houston) HPN11

Copay :

Insured ID Number : 048000898

Group Number :

Employer Name : Bobbie Hill

Copay :

Insured ID Number : 048000898

Group Number :

Employer Name : Bobbie Hill

Immunizations:

Bobbie Hill: Chief Complaint
Patient Record Number:2123

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Seen by Sumana Ketha MD
Seen on 14-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of palpitations, vitamin-d deficiency, hypertonicity of bladder, osteoarthritis, polyneuropathy, obesity, diabetes-2, constipation, depression, chronic obstructive pulmonary disease, hypertension, asthma, chronic pain, mononeuritis, diarrhea, and hernia. Patient complains of knee and shoulder pain.

History of Present illness:

HPI Status:Finalized

An 65-year-old African American female in NAD with multiple chronic conditions of diabetes-2, hypertension, chronic pain, chronic obstructive pulmonary disease. Patient complains of pain in knees and having a hard time getting from sitting to standing. Patient also has severe pain in her shoulders. Patient rates pain 7/10 and does get relief from current pain medication. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-14	129	98	310.00	62.00	98.20	16.00	~	56.7	0.00

Review of Systems:

Constitutional:

Relevant literature on the topic:

~~Non-Confidential~~ sion

Neelam Sanjiva Reddy

No ~~Pre-emptive~~ Preempting

Not a Motion YES

Natural Nature Of Urine

No Dilated Bowel

No Bleeding Gums

No Abstracts

No Use Of Dentures

Physical Exam:

REMARKS:

Oil Spill Response: Environmental and Human Health Effects of the 2010 Gulf of Mexico Oil Spill

BAVOREMITIES:

[illegible]

CV:

Reference: Significant Difference Between Quadrants Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lyrica ,100 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-09-09	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

<p>Detrol ,2 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-08-01
<p>Detrol ,2 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-27
<p>Lyrica ,100 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-07-07
<p>Oxybutynin Chloride ER ,10 MG TB24, 1 TABLET, TWICE DAILY, Quantity: 60, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-07-07
<p>Flovent HFA ,110 MCG/ACT AERO, INHALE 2 PUFFS TWICE DAILY, Quantity: 5, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-02-26
<p>Furosemide ,40 MG TABS, TAKE ONE TABLET EVERY DAY, Quantity: 30, Refill Quantity: 1</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2015-05-11
<p>Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-11
<p>Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-11
<p>MetFORMIN HCl ER ,500 MG TB24, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-11
<p>ProAir HFA ,108 (90 Base) MCG/ACT AERS, 2 puffs 4 times a day prn for shortness of breath, Quantity: 1, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-11
<p>TraZODone HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-11
<p>Norco ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2015-04-28
<p>Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-03-21
<p>Gabapentin ,100 MG CAPS, TAKE 1 CAP THREE TIMES PER DAY, Quantity: 90, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-02-17

Nasonex ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 17, Refill Quantity: 11 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-17
Citalopram Hydrobromide ,40 MG TABS, TAKE ONE TABLET EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-01-12
Gabapentin ,100 MG CAPS, TAKE 1 CAP THREE TIMES PER DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2014-12-30

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. Patient encouraged to exercise daily. No labs needed this visit. The patient verbalize understanding of the above plan and 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.

1. Osteoarthritis with chronic pain, continue current plan.
2. Insomnia, continue current plan.
3. Chronic obstructive pulmonary disease/asthma, continue current plan.
4. Neuropathy, continue current plan
5. Vitamin D deficiency, continue current plan.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Depression, continue current plan.
8. Hypertension with vascular complications, continue current plan.
9. Chronic pain syndrome, continue current pain medication.
10. Abdominal hernia, continue to monitor.
11. Urinary incontinence, continue current plan.
12. Abnormal gait, continue to monitor.

Medication refills as follows:

Lyrica 200 mg b.i.d
Lasix 40 mg q.d.
Meloxicam 15 mg q.d.
Citalopram 40 mg q.d.
Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-14	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-14	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) 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	

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
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, 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
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
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Palpitations (ICD9:785.1 Palpitations) Unknown or N/A	Active	
Vitamin D Deficiency (ICD9:268.9 Unspecified vitamin D deficiency) Unknown or N/A	Active	
Hypertonicity of bladder (ICD9:596.51 Hypertonicity of bladder) Unknown or N/A	Active	
Polyneuropathy in diabetes (ICD9:357.2 Polyneuropathy in diabetes) Unknown or N/A	Active	
Obesity, unspecified (ICD9:278.00 Obesity, unspecified) Unknown or N/A	Active	
Osteoarthritis, unspecified whether generalized or localized, lower leg (ICD9:715.96 Osteoarthritis, unspecified whether generalized or localized, lower leg) Unknown or N/A	Active	
Diarrhea (ICD9:787.91 Diarrhea) Unknown or N/A	Active	
Allergic rhinitis, cause unspecified (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD9:250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active	
Hernia of unspecified site without mention of obstruction or gangrene (ICD9:553.9 Hernia of unspecified site without mention of obstruction or gangrene) Unknown or N/A	Active	
Morbid obesity (ICD9:278.01 Morbid obesity) Unknown or N/A	Active	
Constipation, unspecified (ICD9:564.00 Constipation, unspecified) Unknown or N/A	Active	
Unspecified idiopathic peripheral neuropathy (ICD9:356.9 Unspecified hereditary and idiopathic peripheral neuropathy) Unknown or N/A	Active	

Body Mass Index 50.0-59.9, adult (ICD9:V85.43 Body Mass Index 50.0-59.9, adult) Unknown or N/A	Active
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Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Gallstone removed on 08/12 Unknown or N/A	Active	2015-02-16	
Hysterectomy Unknown or N/A	Active		
Right wrist surgery Unknown or N/A	Active		
Ventral hernia x1 year. 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:

Primary Justification Medical Conditions: Asthma,COPD,Depression,diabetes,HTN

Additional Medical Conditions:

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: Skilled nursing needed due to chronic pain management and inability to self medicate currently.

Certification Statement: Patient is home bound due to chronic pain. Patient has unsteady painful ambulation with extremely poor balance.

Signed by (NP): 16

Signed On (NP): 2016-09-14 05:27

Signed By (Physician): 18

Signed on (Physician): 2016-09-21 05:27

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered diabetic supplies from Doc Deopt. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		
Walker Unknown or N/A	Active		

Procedure Order:

Patient ID	2123	Order ID	926
Patient Name	Hill, Bobbie	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-09-21**.

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