

**Rickey Harrison: Patient Information**  
Patient Record Number:6220

**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:** Rickey Harrison  
**External ID:** 6220  
**DOB:** 1964-02-11  
**Sex:** Male  
**S.S.:** 465-35-5804  
**Patient Drive Folder:** 0B0x\_tbqdBDPhSI9yejAzRkRpRHc

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Guardian's Name:** Mecca (care giver)  
**Emergency Phone:** 214-791-0490  
**Home Phone:** 214-381-8218  
**Mobile Phone:** 214-374-2729  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 02-11-2017.  
**Father:** Father deceased..  
**Mother:** Mother deceased..  
**Siblings:** One brother died and two sisters, which are alive and unknown diseases..  
**Offspring:** No children..

## Social History:

**Last Recorded On:** 02-11-2017.  
**Tobacco:** Current some day smoker Smokes one packet per day. **Status:**  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** N drug use. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority :** Primary  
**Start Date :** 2016-06-27  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 526564597  
**Group Number :**  
**Employer Name :** Rickey Harrison

## Immunizations:

**Rickey Harrison: Chief Complaint**  
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**Seen by** Sumana Ketha MD  
**Seen on** 06-January-2017

**Chief Complaint Status:**finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of the following of hypertension with vascular complications, hyperlipidemia, anxiety and schizophrenia. Patient complains of not sleeping at night.

**History of Present illness:**

**HPI Status:**Finalized

A 52-year-old African-American male in NAD with the following chronic medical conditions of hypertension with vascular complications, hyperlipidemia, anxiety, and schizophrenia. Patient has a long history of mental illness, ETOH abuse and drug abuse. Patient states that his anxiety has been increasing over the last couple of weeks. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting at this time.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2017-01-06	146	77	185.00	60.00	97.60	16.00		36.1	0.00

**Review of Systems:**

**Constitutional:**

**Weight loss** No

**Feeling of fatigue** No

**Feeling of weakness** No

**Feeling of cold** No

**Feeling of heat** No

**Feeling of motion** No

**Constipation** No

**Physical Exam:**

**HEENT:**

**Head** No tenderness or swelling

**EYES:**

**Visual acuity** 20/20

**CV:**

**Heart** No murmurs

**RESP:**

**Lungs** Clear

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

**Plan Note:**

**Plan Note Status:**Finalized

Continue same treatment plan as previous. Reviewed 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 condition. Patient was instructed to go to ER if symptoms of chest pain, shortness of breath, accessibility, blurred vision or systolic 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. Hypertension with vascular, continue current plan.
2. Insomnia, continue current plan.

3. Anxiety, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Coronary artery disease, continue current plan.
6. Schizophrenia, continue current plan.

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-23	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-12	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity ( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-12	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-01	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-07-01	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-07-01	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-01	

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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:** We care daycare

**Primary Justification Medical Conditions:** hyperlipidemia,HTN,Schizophrenia

**Additional Medical Conditions:** Anxiety

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to mental illness and then ability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to mental illness and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2017-01-06 06:30

**Signed By (Physician):** 18

**Signed on (Physician):** 2017-01-13 06:30

**Form\_status:** finalized



Electronically Signed by **Sumana Ketha, MD** on **2017-01-13**.

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