Guy Webb: Patient Information

Patient Record Number:5774

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: Guy Webb External ID: 5774 **DOB**: 1957-09-09 Sex: Male S.S.: 453-23-3164 Marital Status: Single

Address: 1115 W Main St

User Defined: 214-484-6153

City: Lancaster State: Texas Postal Code: 75146 Country: USA

Emergency Contact: Ade(house Owner) **Emergency Phone:** 214-315-0130 Mobile Phone: 469-407-5015 Street Address: 1115 W Main St Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-11-2017. Risk Factors: Hepatitis, Insomnia.

Family History:

Last Recorded On: 01-11-2017.

Father: Father deceased, complaints with ETOH abuse..

Mother: Mother deceased, complaints with hypertension and chronic obstructive pulmonary disease..

Siblings: One brother deceased..

Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 01-11-2017.

Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis, Hypertension.

Social History:

Last Recorded On: 01-11-2017.

Tobacco: Smokes 1/2 pack per day **Status**: Current

Alcohol: Stopped drinking. Status: Quit

Recreational Drugs: No drug abuse. Status: Never

Counseling: Status: N/A Nutrition History: Regular...

Developmental History: Educational level is 12th grade..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 01-11-2017.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2010-02-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary
Start Date: 2016-02-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 521811311 Group Number :

Employer Name : Guy Webb

Copay: Insured ID Number: 521811311

Group Number:

Employer Name : Guy Webb

Immunizations:

Guy Webb: Chief Complaint Patient Record Number:5774 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 30-November-2016

Chief Complaint Status: finalized

Follow up home visit for management of cirrhosis, neuropathy, hypertension, tobacco use, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataract, anxiety, bipolar, schizophrenia, and mononeuritis. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

A 59-year-old white male in no acute distress with multiple chronic conditions of hypertension, chronic obstructive pulmonary disease, asthma, benign prostatic hypertrophy, hyperlipidemia, cataract, and schizophrenia. Patient states that for several days he has had shortness of breath. Patient also has numbness in his feet and rates his current pain at 6/10. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-11-30	152	79	165.00	67.00	0.00	16.00	~	25.8	0.00

Review of Systems:

Constitutional:

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No Distribution ess

Madiby: Marian Range Of Motion No Bhild Satist Multisa Of Turine Net Black (Satistic Petits ants

No Trijionyght Content

No Ha

No Coryza

No Obstruction

Physical Exam:

ENTORIEMITIES:

Constitution of the Consti

CV:

REVERSION NOTION IN THE PROPERTY OF THE PROPER

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET BY MOUTH TWICE			
DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3			
Unknown or N/A	Active	2016-10-17	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Consodial 2 425 MC TARS TAKE 4 TARLET BY MOLITH TWICE		
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3		
Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
Folic Acid ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Folic Acid ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3	Active	2016-10-17
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2016-10-17
Texas Physician House Calls		
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET BY MOUTH DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3	,	
Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls Tamsulosin HCI ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH		
ONCE DAILY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Tamsulosin HCI ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-10-17
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3		
Unknown or N/A	Active	2016-01-04
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3		
Unknown or N/A	Active	2016-01-04
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3		
Unknown or N/A	Active	2015-10-15
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 180, Refill Quantity: 3		
Unknown or N/A	Active	2015-10-15
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A	Active	2015-04-07
by ketha, Dr sumana - BK6230281	, 101170	
Sumana Ketha MDPA		
Carvedilol ,3.125 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3		
Unknown or N/A	Active	2015-04-07
by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA		
Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60,		
Refill Quantity: 3	Antivo	2045.04.07
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2015-04-07
Sumana Ketha MDPA		

Lyrica ,75 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A Active 2015-04-07 by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Tamsulosin HCI, 0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 Active 2015-04-07 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Tamsulosin HCI ,0.4 MG CAPS, Take One Capsule Once Daily, Quantity: 30, Refill Quantity: 3 2015-04-07 Unknown or N/A Active by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Active 2015-03-05 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 6 Active 2015-03-05 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue the 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 us to systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. 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.

- 1. Chronic obstructive pulmonary disease/asthma, continue current plan.
- 2. Cirrhosis of liver, continue current plan.
- ${\it 3. Benign prostate hypertrophy, continue current plan.}\\$
- 4. Anxiety, continue current plan.
- 5. Neuropathy, continue current plan.
- ${\bf 6.\ Hypertension\ with\ vascular\ complications,\ continue\ current\ plan.}$
- 7. Insomnia, continue current plan.
- 8. Bipolar, continue current plan.
- 9. Hyperlipidemia, continue current plan.
- 10. Cataract, continue current plan.
- 11. Schizophrenia, continue current plan.

Medication refills as follows, ADVAIR 250/50. QVAR 40 mcg.

Medical Problem:

Description	Status	Start Date	End Date
Chronic obstructive pulmonary disease, unspecified			
(ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified)	Active	2015-10-02	
Unknown or N/A			
Unspecified cirrhosis of liver			
(ICD10:K74.60 Unspecified cirrhosis of liver)	Active	2015-10-02	
Unknown or N/A			
Polyneuropathy, unspecified			
(ICD10:G62.9 Polyneuropathy, unspecified)	Active	2015-10-02	
Unknown or N/A			

Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-02
Enlarged prostate with lower urinary tract symptoms (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-02
Biliary cirrhosis (ICD10:K74.5 Biliary cirrhosis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, 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
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Acute exacerbation of chronic obstructive pulmonary disease [COPD] (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Asthma unspecified (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Benign Prostatic hyperplasia (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Insomnia unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Cataracts (ICD10:H26.9 Unspecified cataract) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, in remission (ICD10:F20.9 Schizophrenia, unspecified) 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
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Alcoholic fatty liver (ICD10:K70.0 Alcoholic fatty liver) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date	
Bilateral hip replacement surgeries, left on 2011 and right on 2013. Unknown or N/A	Active			

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: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31 Current home health agency:

Primary Justification Medical Conditions: Asthma, Hyperplasia, bipolar, COPD, HTN, Schizophrenia

Additional Medical Conditions: Neuropathy, Insomnia.

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed in this visit.

Certification Statement: Signed by (NP): 16

Signed On (NP): 2016-11-30 02:15 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-07 01:46

Form_status: finalized

Procedure Order:

Patient ID	5774	Order ID	1394
Patient Name	Webb, Guy	Ordered By	Love-Jones, Derrick
Order Date	2017-01-12	Print Date	2017-01-12
Order Status	complete	Encounter Date	2017-01-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-12		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-12-07.

Printed on 12-Jan-2017 22:09:31 pm.