

Mary Lindsey: Patient Information
Patient Record Number:5452

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: Mary Lindsey
External ID: 5452
DOB: 1966-11-20
Sex: Female
Patient Drive Folder: Young Willie lives with this patient

Address: 3256 Persimmon Rd #1116, Building #6
City: Dallas
State: Texas
Postal Code: 75241-3252
Country: USA
Home Phone: 214-451-7209
Street Address: 3256 Persimmon Rd
Apt/Suite/Other: 1116

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Degenerative Joint Disease,Gout.
Additional Medical History: TMJ.

Family History:

Last Recorded On: 07-14-2016.
Father: Father with DM and HTN..
Mother: Mother with DM, HTN, and stroke and also has history of colon cancer..
Offspring: Patient has 3 children.
Other Family Relative: Aunt has history of colon cancer.

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Diabetes,Hypertension,Stroke / Transient Ischemic Attack.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker Smokes 1+cigars a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Educational level is 10th grade..

Tests and Exams:

Last Recorded On: 07-14-2016.
Mammogram (>40yrs, Yearly) N/A done in 2014

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2014-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 504501585
Group Number :
Employer Name : Mary Lindsey

Immunizations:

Mary Lindsey: Chief Complaint
Patient Record Number:5452

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

Seen by Sumana Ketha MD
Seen on 21-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of asthma, gout, osteoarthritis/rheumatoid arthritis, temporomandibular joint, hypertension, anxiety, degenerative joint disease, and post-traumatic stress syndrome.

History of Present illness:

HPI Status:Finalized

A 49-year-old AA female in NAD with multiple chronic conditions which include asthma, anxiety, gout, and osteoarthritis/rheumatoid arthritis, and hypertension. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-21	130	70	235.00	64.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No. 90-072

Not a Greenery

No. 7-9139-0001 Bath

No ~~change~~ in appetite

Not a Placeholder

No Apportionment In Range Of Motion

No Bleeding Gums

No Abstracts

No Use Of Dentures

Physical Exam:

REMARKS:

~~Displacement-Weighted Mean Difference Between Groups (Blinded) [95% CI] = -0.07 [-0.16, 0.02]. Within Normal Limits.~~

ENTANGLEMENTS:

SUNSHINE ENERGY COMPANY LIMITED (Incorporated in the Republic of China)

CV:

Revised Clinical Medicine Laboratory Values, Medians & Vital Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Clonazepam ,0.5 MG TABS, Take One Tablet By Mouth Three Times A Day, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-03-07	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 51, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-06
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 51, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-08
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 51, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-09
Norco ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-12
Clonazepam ,0.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-11
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-11

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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 patient. Prognosis is fair and patient is stable.

HTN w/vascular complications continue current plan
NEUROPATHY continue current plan
ASTHMA continue current plan
CHRONIC PAIN SYNDROME continue current pain medication
TMJ continue current plan
GOUT continue current plan
CHRONIC MIGRAINES continue current plan
PTSD continue current plan
LUMBAGO w/sciatica continue current plan
OA w/chronic pain continue current plan

Medication refills as follows:

Norco 10/325mg tid

Medical Problem:

Description	Status	Start Date	End Date
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	2016-05-27	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-27	

Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-05-27
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-27
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-12-29
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-11-25
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, 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
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Temporomandibular joint disorders, unspecified (ICD10:M26.60 Temporomandibular joint disorder, unspecified) Unknown or N/A	Active	2015-10-01
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Posttraumatic stress disorder (ICD10:F43.10 Post-traumatic stress disorder, unspecified) Unknown or N/A	Active	2015-10-01
Headache (ICD10:R51 Headache) 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
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) 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
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) 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
Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus (ICD9:346.90 Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
Tramadol-hives Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Left knee surgery Unknown or N/A	Active		
hysterectomy 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:

Additional Medical Conditions:

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 skilled nursing needed.

Certification Statement: Patient is homebound due to severe pain and pain medication.

Signed by (NP): 302

Signed On (NP):

Signed By (Physician):

Signed on (Physician):

Form_status: finalized

Printed:

Printed on 25-Sep-2016 18:38:04 pm.