

Patrese Pope: Patient Information
Patient Record Number:5717

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: Patrese Pope

External ID: 5717

DOB: 1970-08-14

Sex: Female

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCZFViQUlwcERQRU0

Address: 2521 Limestone Ln

City: Garland

State: Texas

Postal Code: 75040

Country: USA

Emergency Phone: 469-508-5753

Mobile Phone: 469-508-5753

Street Address: 2521 Limestone Ln

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-23-2016.

Risk Factors: Neuropathy.

Family History:

Last Recorded On: 10-23-2016.

Father: Father died of unknown disease..

Mother: Mother is alive, has DM2..

Siblings: One brother and two sisters with HTN and DM2..

Offspring: Two boys with and one girl. One boy has diabetes mellitus and other two are healthy..

Primary Family Med Conditions:

Last Recorded On: 10-23-2016.

Chronic Conditions: Diabetes,Hypertension.

Social History:

Last Recorded On: 10-23-2016.

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

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Well..

Tests and Exams:

Last Recorded On: 10-23-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2011-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 461416107A
Group Number :
Employer Name : Patrese Pope
Copay :
Insured ID Number : 500000046383
Group Number :
Employer Name : Patrese Pope

Immunizations:

Patrese Pope: Chief Complaint
Patient Record Number:5717

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Seen by Sumana Ketha MD
Seen on 01-September-2016

Chief Complaint Status:finalized

Follow up home visit prevent further decline of chronic conditions of the following hypertension, diabetes mellitus type 2, depression, chronic pain, anxiety, and lumbago. Patient continues to complain of back and left leg pain.

History of Present illness:

HPI Status:Finalized

A 46-year-old African American female with multiple chronic conditions of hypertension, diabetes mellitus type 2, and depression. Patient denies any new issues upon examination. Patient denies any new pain at this time and complains of back and neck pain and rates it as 8/10. Patient states she can hardly sit with her back pain. Patient denies any hypoglycemia and foot check revealed no major issues. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-01	164	90	192.00	63.00	98.40	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

No Weight Change
No Fever
No Night Sweats
No Decrease In Appetite
No Fatigue
No Anorexia
No Bloating
No Constipation
No Diarrhea
No Dental Difficulties
No Use Of Dentures

Physical Exam:

HEENT:
Head: Within Normal Limits .
Eyes: Within Normal Limits .
Ears: Within Normal Limits .
Nose: Within Normal Limits .
Throat: Within Normal Limits .
CV:
Heart: Within Normal Limits .
RESP:
Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .
GI:
Soft, Non Tender, Non Distended, Masses-Within Normal Limits .
Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Hydrocodone-Acetaminophen ,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	2016-03-25
Hydrocodone-Acetaminophen ,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	2016-03-25
Hydrocodone-Acetaminophen ,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	2016-03-25
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Hydrocodone-Acetaminophen ,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	2016-02-17
Hydrocodone-Acetaminophen ,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	2016-02-17
Hydrocodone-Acetaminophen ,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	2016-02-17
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Hydrocodone-Acetaminophen ,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	2016-02-17
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16
BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05

BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
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BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
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Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medications and discussed with the patient. No new medications noted this visit. Patient educated on the benefits of low salt, low-fat, low cholesterol diet current medical condition. 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. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with sciatica, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Depression, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Diabetes mellitus type 2 with neuropathy, continue current plan.
6. Anxiety, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-14	
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	2016-05-05	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-05	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-05	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-03-29	
Panniculitis affecting regions of neck and back, site unspecified (ICD10:M54.00 Panniculitis affecting regions of neck and back, site unspecified) Unknown or N/A	Active	2016-02-16	
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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	

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: 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, Depression, diabetes, HTN, hyperlipidemia, Schizophrenia

Additional Medical Conditions: Anxiety, bipolar, neuropathy, and chronic pain.

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 at this time.

Certification Statement: Patient is home bound due to chronic pain and schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-09-01 04:20

Signed By (Physician): 18

Signed on (Physician): 2016-09-08 04:20

Form_status: finalized

Procedure Order:

Patient ID	5717	Order ID	977
Patient Name	Pope, Patrese	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-23		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-08**.

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