

Brenda Mims: Patient Information
Patient Record Number:3910

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: Brenda Mims
External ID: 3910
DOB: 1945-06-10
Sex: Female
S.S.: 466-72-3871
Marital Status: Widowed
User Defined: 214-613-2129
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXT3o3Q1hDbUpFWFU>

Address: 2808 N St Augustine Dr
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Emergency Contact: None
Emergency Phone: 469-610-8800
Home Phone: 469-660-4209
Mobile Phone: 214-613-2129
Street Address: 2808 N St Augustine Dr
Apt/Suite/Other: 113 And Gate Code Is 2129

Past Medical History:

Last Recorded On: 01-06-2017.
Risk Factors: Insomnia,GERD,Neuropathy.
Additional Medical History: Acute kidney failure.

Family History:

Last Recorded On: 01-06-2017.
Father: Father died with myocardial infarction, cirrhosis, and congestive heart failure..
Mother: Mother died at young age from brain tumor..
Siblings: Unknown..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 01-06-2017.
Chronic Conditions: Acute Myocardial Infarction,Heart Failure,Hypertension.

Social History:

Last Recorded On: 01-06-2017.
Tobacco: Smokes 6 cigarettes a day **Status:** Current
Alcohol: Socially **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: ADA diet..
Developmental History: Education level is high school grade..

Tests and Exams:

Last Recorded On: 01-06-2017.

Mammogram (>40yrs, Yearly) N/A Done.

Sigmoid/Colonoscopy N/A 6-7 years ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Humana (61101)

Priority : Secondary

Start Date : 2012-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 466723871A

Group Number :

Employer Name : Brenda Mims

Copay :

Insured ID Number : H57470167

Group Number :

Employer Name : Brenda Mims

Copay :

Insured ID Number : 517310879

Group Number :

Employer Name : Brenda Mims

Immunizations:

Brenda Mims: Chief Complaint
Patient Record Number:3910

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 01-December-2016

Chief Complaint Status:finalized

Followup home visit for management and prevention of further decline of chronic conditions of diabetes-2, hypertension, hyperlipidemia, depression, ischemic heart disease, left foot pain, anxiety, acute kidney failure, and acute myocardial infarction. Patient complain of joint pain.

History of Present illness:

HPI Status:Finalized

A 71-year-old African-American female in no acute distress with multiple chronic conditions of diabetes-2, hypertension, hyperlipidemia, left foot pain, anxiety, and depression. Patient complains severe joint pain in her knees and both hips. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-01	146	70	127.00	66.00	97.40	16.00	~	20.5	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

No High Blood Pressure
No Chest Pain
No Shortness Of Breath
No Swelling Of Limbs
No Change In Weight
No Change In Appetite
No Bleeding Gums
No Bad Taste
No Use Of Dentures

Physical Exam:

SECRET

Diagnosis: All parameters are within normal limits. No evidence of hypoxemia or acid-base abnormalities. All parameters are within normal limits.

EXTREMITIES:

Supervisory and Management Personnel: No Other Financial Limits.

Below Will Be Normal Limits.

Medication:

Description	Status	Start Date	End Date
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2015-04-28	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

NovoLIN 70/30 ReliOn ,(70-30) 100 UNIT/ML SUSP, INJECT 8 UNITS SUB-Q EVERY MORNING AND 6 UNITS EVERY EVENING, Quantity: 20, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-30
Simvastatin ,40 MG TABS, 1 TABLET(S) PO DAILY FOR CHOLESTEROL, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-30
NovoLIN 70/30 ReliOn ,(70-30) 100 UNIT/ML SUSP, INJECT 8 UNITS SUB-Q EVERY MORNING AND 6 UNITS EVERY EVENING, Quantity: 20, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-10
Simvastatin ,40 MG TABS, 1 TABLET(S) PO DAILY FOR CHOLESTEROL, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-10
Clopidogrel Bisulfate ,75 MG TABS, 1 TABLET(S) PO DAILY BLOOD THINNER, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2014-07-10

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 as tolerated. Reviewed recent labs with patient. No new labs needed this visit. The patient verbalize understanding of the above planet was giving 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. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Insomnia, continue current plan.
6. Neuropathy, continue current plan.
7. Anxiety, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Coronary artery disease, continue current plan.
10. Depression, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) 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	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, 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
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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
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
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Headache (ICD10:R51 Headache) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Aspirin Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Bypass heart surgery at 2011 Unknown or N/A	Active	2015-08-12	
Stent surgery Unknown or N/A	Active	2015-08-12	
Hernia surgery Unknown or N/A	Active	2015-08-12	
Mammogram in 2008 Unknown or N/A	Active		

Colonoscopy in 2008 Unknown or N/A	Active
Hysterectomy Unknown or N/A	Active
Heart valve surgery 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: Depression,diabetes,Heart_Disease,HTN,hyperlipidemia,Myocardial_Infarction

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 acute kidney failure and inability to self medicate correctly.

Certification Statement: Patient is home bound due to diabetes-2, and acute kidney failure. Patient is weak with poor balance and has an increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-12-01 02:35

Signed By (Physician): 18

Signed on (Physician): 2016-12-08 02:35

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Alcohol wipes (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Test Strips 100 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Lancets 100 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Blood Glucose Monitor 1 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Batteries 2 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Control Solution 1 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Lancing Device/ Penlet 1 (ICD10:E10.69 Type 1 diabetes mellitus with other specified complication) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Probe Covers Unknown or N/A	Active		

Sharps Container	Active
Unknown or N/A	
Cane	Active
Unknown or N/A	
Exam Gloves	Active
Unknown or N/A	

Procedure Order:

Patient ID	3910	Order ID	1273
Patient Name	Mims, Brenda	Ordered By	Love-Jones, Derrick
Order Date	2017-01-06	Print Date	2017-01-06
Order Status	complete	Encounter Date	2017-01-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-12-08**.

Printed on 06-Jan-2017 21:46:05 pm.