

John Lawson Jr: Patient Information
Patient Record Number:6118

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: John Lawson Jr
External ID: 6118
DOB: 1948-02-23
Sex: Male
S.S.: 435840496
Marital Status: Married
User Defined: apt in btw 12-2:30 only

Address: 1100 River Bend Dr
City: Lancaster
State: Texas
Postal Code: 75146
Country: USA
Mobile Phone: 214-668-6329
Street Address: 1100 River Bend Dr
Apt/Suite/Other: 8

Family History:

Last Recorded On: 11-23-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 11-23-2016.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1991-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 435840496A
Group Number :
Employer Name : John Lawson Jr

Immunizations:

John Lawson Jr: Chief Complaint
Patient Record Number:6118

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Seen by Derrick Love-Jones
Seen on 04-March-2016

Chief Complaint Status:finalized

No I meant to prevent further decline of chronic medical conditions of the following: hearing loss bilateral, intellectual disabilities, anxiety, hyperlipidemia, and hypertension. Patient complains of increased hearing loss.

History of Present illness:

HPI Status:Finalized

A 68-year-old male in NAD with multiple chronic conditions of bilateral hearing loss, hypertension, hyperlipidemia, anxiety and intellectual disabilities. Patient states that his hearing loss has increased on the last several months. Patient denies any CO, HA, N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-03-04	153	80	220.00	74.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Geometrische Optik:

Neurological Manifestations

No ~~SECRET~~ Of Arms

No ~~Disruptive~~ Indiv **YES**

No significant differences

No ~~Dissemination~~ Insights

North Carolina

No Use Of Dentures

Physical Exam:

SUMMARY:

Cumulative Percentages

Parameter	Normal Limits	Observed Value
Mean	-1.96 to +1.96	-0.5
Standard Deviation	> 0	1.2
Kurtosis	-3 to +3	1.8
Skewness	-1 to +1	0.2
Shapiro-Wilk's Test	> 0.05	0.95
Lilliefors Test	> 0.05	0.98
Anderson-Darling Test	> 0.05	0.99
Kolmogorov-Smirnov Test	> 0.05	0.99

Conclusion: The data appears to follow a normal distribution.

EXTREMITIES:

Supplies and Services: The Company's Accounts Payable and Accounts Receivable are Limited.

CYMPH:

Range of Sleep Habits Within Normal Limits.

MUSC:

Strength-Retrieval Groups Within Normal Limits .

ROM-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Patient caregiver to schedule appointment with Otolaryngologist as soon as possible for evaluation. Continue same treatment plan his previous for other diagnoses. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and 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. Full set of the following labs ordered: CBC, CMP, UA, TSH, A1C, Vit D, Lipid LDL/HDL. Patient caregiver verbalized understanding of the above plan I was given the office in the front to questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hearing loss, schedule appointment with Otolaryngologist.
2. Hypertension, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Anxiety, continue current plan.
5. Intellectual disabilities, continue current plan.
6. Learning disabilities, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified sensorineural hearing loss (ICD10:H90.5 Unspecified sensorineural hearing loss) Unknown or N/A	Active	2016-03-04	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-04	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-03-04	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-04	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-03-04	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-03-04	

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: Integrity Home Health Care Services

Primary Justification Medical Conditions: Deafness,hyperlipidemia,HTN,Learning_Disabilities

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 intellectual disabilities and learning disabilities.

Certification Statement: Skilled nursing is needed to help patient administer medications due to patient's inability to self medicate correctly.

Signed by (NP): 16

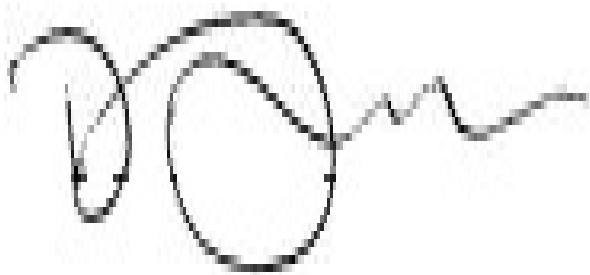
Signed On (NP): 2016-03-04 03:52

Signed By (Physician): 18

Signed on (Physician): 2016-03-11 03:52

Form_status: finalized

Printed: NO

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-03-10**.

Printed on 24-Nov-2016 15:15:01 pm.