

Charles Johnson: Patient Information
Patient Record Number:5590

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: Charles Johnson
External ID: 5590
DOB: 1969-08-11
Sex: Male
S.S.: 456-29-4426
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Z0JpUXdZTzRoOWM>

Address: 242 West Davis Street Apt #11
City: Dallas
State: Texas
Postal Code: 75208
Country: USA
Mobile Phone: 214-258-8240
Street Address: 242 West Davis Street
Apt/Suite/Other: 11

Family History:

Last Recorded On: 12-08-2016.
Father: Unknown..
Mother: Mother with diabetes mellitus type 2 and stroke..
Spouse: Two children..
Other Family Relative: Grandmother with hypertension..

Primary Family Med Conditions:

Last Recorded On: 12-08-2016.
Risk Factors: Unknown.
Chronic Conditions: Diabetes,Hypertension,Stroke / Transient Ischemic Attack.

Social History:

Last Recorded On: 12-08-2016.
Tobacco: Smokes 1/2 pack of cigarette a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-08-2016.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 03/15/2014, at MetroStat, ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Normal Done on 03/15/2014, at MetroStat, ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 03/15/2014, at MetroStat, ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1997-12-01
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)
Priority : Primary
Start Date : 2015-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-12-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2013-07-30
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-11-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 456294926A
Group Number :
Employer Name : Charles Johnson
Copay :
Insured ID Number : 500000020899
Group Number :
Employer Name : Charles Johnson
Copay :
Insured ID Number : 456294926A
Group Number :
Employer Name : Charles Johnson
Copay :
Insured ID Number : 8000880167289
Group Number :
Employer Name : Charles Johnson
Copay :
Insured ID Number : 513547812
Group Number :
Employer Name : Charles Johnson
Copay :
Insured ID Number : 513547812
Group Number :
Employer Name : Charles Johnson

Immunizations:

Charles Johnson: Chief Complaint
Patient Record Number:5590

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Seen by Darolyn Perkins
Seen on 26-October-2016

Chief Complaint Status:finalized

Followup home visit for management hypertension, diabetes mellitus type 2, asthma, hyperlipidemia, obesity, depression, bipolar, osteoarthritis, and joint pain. Patient complains of hand pain.

History of Present illness:

HPI Status:Finalized

A 47-year-old African-American male in NAD with chronic conditions of asthma, chronic obstructive pulmonary disease, depression, diabetes mellitus type 2, hyperlipidemia, hypertension, osteoarthritis, and bipolar. Patient denies any new issues upon examination. Patient complains of hand pain since having surgery. Patient has gone through PT and was informed that his hand was the best it was going to get and he will have some pain the rest of his life. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	173	104	212.00	68.00	97.20	18.00	~	32.2	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

EXEMPTIES:

Significance of the Results: All parameters (Chlorophyll *a*, Chlorophyll *b*, Chlorophyll *a+b*, Carotenoids, Protein, Lipids, and Starch) were within normal limits.

GEURO:

SEVERE INTERPERSONAL CONFLICT MUST BE LESS IN MINIMAL NOMINAL LIMITS.

Play on Words, Games, and Validity: No Valid Limits Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-08-10	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, 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

Do you 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 both 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. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

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. Depression, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Asthma, continue current plan.
7. Bipolar, continue current plan.
8. Hyperlipidemia, continue current plan.

Medication refills are as follows: Metoprolol 50 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, 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	
Diabetes with neurological manifestations, type II or unspecified type, uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Pain in joint, site unspecified (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A	Active	2015-10-01
Aseptic necrosis of bone, other (ICD10:M87.08 Idiopathic aseptic necrosis of bone, other site) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Major depressive affective disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) 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
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
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Mixed hyperlipidemia (ICD9:272.2 Mixed hyperlipidemia) Unknown or N/A	Active	
Morbid obesity (ICD9:278.01 Morbid obesity) Unknown or N/A	Active	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Right knee surgery Unknown or N/A	Active		
Left arm ORIF Unknown or N/A	Active		
Left shoulder surgery Unknown or N/A	Active		
Left hand surgery 8 months ago on 11/2014 Unknown or N/A	Active		

Left forearm 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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Odyssey II Home Health Care Inc

Primary Justification Medical Conditions: Asthma, Depression, diabetes, hyperlipidemia, HTN

Additional Medical Conditions: Obesity, joint pain.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to bipolar, osteoarthritis, and inability to self medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis, and joint pain. Patient has unsteady painful ambulation with extremely poor balance.

Signed by (NP): 302

Signed On (NP): 2016-10-26 07:55

Signed By (Physician): 18

Signed on (Physician): 2016-11-02 07:55

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Glucometer (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A by Dr. Sumana Ketha	Active		



Electronically Signed by **Darolyn Perkins** on **2016-11-02**.

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