

Levon Williams: Patient Information
Patient Record Number:6174

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: Levon Williams
External ID: 6174
DOB: 1947-03-02
Sex: Male
S.S.: 433703102
User Defined: 469-781-9480

Address: 2607 Jeffries St
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Guardian's Name: Juanita williams
Emergency Contact: 469-781-9480
Mobile Phone: 214-861-6455
Street Address: 2607 Jeffries St.
Apt/Suite/Other: 304, Gate Code 2500

Family History:

Last Recorded On: 11-19-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.

Social History:

Last Recorded On: 11-19-2016.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Well.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-05-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000028095
Group Number :
Employer Name : Levon Williams

Immunizations:

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| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0 | | | |
| Unknown or N/A | Active | 2016-10-06 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

| | | |
|---|--------|------------|
| Diltiazem HCl ,90 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-09-28 |
| Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-09-28 |
| Potassium Chloride ER ,8 MEQ TBCR, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-09-28 |
| CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-08-08 |
| Xanax ,0.5 MG TABS, TAKE 2 TABLETS AT BEDTIME, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-07-20 |
| Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-06-29 |
| Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET DAILY AS NEEDED FOR PAIN, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-05-20 |
| Xanax ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-05-20 |
| Diltiazem HCl ,90 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-05-19 |
| Potassium Chloride ER ,8 MEQ TBCR, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-05-19 |
| CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-05-19 |

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on 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 current labs with patient. 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 chronic pain continue current plan.
2. Rheumatoid arthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.

5. Anxiety, continue current plan.
6. Allergic rhinitis, continue current plan.
7. Coronary artery disease, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows,

Diltiazem 90 mg b.i.d.
 Norco 10/325 mg b.i.d.
 HCTZ 25 mg q.d.
 Klor-Con 8 mEq q.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A | Active | 2016-09-28 | |
| Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2016-08-04 | |
| 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 | 2016-06-30 | |
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-06-30 | |
| Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A | Active | 2016-05-17 | |
| Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2016-05-17 | |
| Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A | Active | 2016-05-17 | |
| Other intervertebral disc disorders, lumbar region (ICD10:M51.86 Other intervertebral disc disorders, lumbar region) Unknown or N/A | Active | 2016-04-04 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2016-04-04 | |
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-04-04 | |
| Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A | Active | 2016-04-04 | |

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: 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: Calvary Healthcare Inc

Primary Justification Medical Conditions: HTN,Rheumatoid Arthritis_Osteoarthr

Additional Medical Conditions: Lumbago, Chronic Pain Syndrome, Anxiety.

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: Patient is homebound due to chronic lower back pain and the inability to self medicate correctly. Patient also has limited mobility issues.

Certification Statement: Skilled nursing is needed due to be an ability to self medicate correctly.

Signed by (NP): 302

Signed On (NP): 2016-09-28 07:00

Signed By (Physician): 18

Signed on (Physician): 2016-10-05 07:00

Form_status: finalized

Printed:



Electronically Signed by **Sumana Ketha, MD** on **2016-10-05**.

Printed on 20-Nov-2016 09:59:21 am.