

John Lee Jr: Patient Information
Patient Record Number:6277

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 F Lee Jr
External ID: 6277
DOB: 1994-09-15
Sex: Male
S.S.: 632-44-5431
Marital Status: Single

Address: 7643 Antoinette Street
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Guardian's Name: Angela Jones(Mother)
Mobile Phone: 214-229-1453
Street Address: 7643 Antoinette Street
Apt/Suite/Other: 1065

Family History:

Last Recorded On: 01-06-2017.
Father: Father is alive and healthy..
Mother: Mother is alive with complaints of back surgery..
Siblings: Two brothers and four six sisters..
Offspring: Denies..

Social History:

Last Recorded On: 01-06-2017.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Well..
Developmental History: Education level is 12th grade..

Tests and Exams:

Last Recorded On: 01-06-2017.
Vitamin D (6 mo if on pills) Abnormal Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.
HbA, C Hemoglobin (if DM every 3 mo) Normal Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.
TSH Thyroid-Stimulating Hormone (every year) Normal Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.
CBC Complete Blood Count (3 months) Abnormal Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.
CMP Comprehensive Metabolic Panel (3 months) Normal Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 515216520
Group Number :
Employer Name : John Lee Jr

Immunizations:

John Lee Jr: Chief Complaint
Patient Record Number:6277

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Seen by Sumana Ketha MD
Seen on 30-November-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of the following chronic medical conditions of history of deep vein thrombosis, neuropathy, depression, chronic pain syndrome, hypotension, asthma, urinary incontinence, lumbago, and quadriplegia. Patient complains of upper body pain throughout.

History of Present illness:

HPI Status:Finalized

Patient is a 21-year-old Hispanic male with multiple chronic conditions of the following history of deep vein thrombosis, neuropathy, depression, chronic pain syndrome, hypotension, asthma, urinary incontinence, lumbago, and quadriplegia. Patient complains of body pain throughout his upper body and rates his pain 8/10. Patient is bed-bound most of the day. Patient's caregiver denies any other issues upon examination. Patient denies any chest pain, headache or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-30	98	63	192.00	70.00	97.30	18.00	~	27.5	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

[illegible]

REF: RARE EYE - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
<p>Gabapentin ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-12-08	
<p>Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 28, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-11-30	

Gabapentin ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-04
VESicare ,10 MG TABS, TAKE 1 TAB AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-04
Xarelto ,20 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-04
DULoxetine HCl ,60 MG CPEP, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-24

Plan Note:

Plan Note Status:Finalized

Start wound care for pressure ulcer. Start Bactrim for infection. Continue same treatment plan his previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and caregiver and the patient and caregiver were educated on the benefits of those so, low-fat, low cholesterol diet with current medical condition. Caregiver was instructed to take patient to ER for symptoms of chest pain, shortness of breath, blurry vision or systolic blood pressure greater than 200. No labs needed this visit. The patient and his caregiver verbalized understanding of the above plan and was given 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. Lumbago with chronic pain continue current plan.
2. Asthma, continue current plan.
3. Depression, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Chronic pain syndrome, increase pain medication to q.i.d.
6. Hypotension, continue to monitor.
7. Deep vein thrombosis, continue current plan.
8. Urinary incontinence continue current plan.
9. Quadriplegia, continue to monitor.

Medication refills as follows,

Duloxetine 60 mg q.d.

Xarelto 20 mg b.i.d.

Norco 10/325 mg q.i.d.

Gabapentin 800 mg t.i.d.

Vesicare 10 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-11-30	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-11-02	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-11-02	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-11-02	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-11-02	

Quadriplegia, C5-C7 complete (ICD10:G82.53 Quadriplegia, C5-C7 complete) Unknown or N/A	Active	2016-10-01
Encounter for attention to other artificial openings of digestive tract (ICD10:Z43.4 Encounter for attention to other artificial openings of digestive tract) Unknown or N/A	Active	2016-10-01
Pressure ulcer of left buttock, stage 2 (ICD10:L89.322 Pressure ulcer of left buttock, stage 2) Unknown or N/A	Active	2016-08-27
Pressure ulcer of right heel, stage 2 (ICD10:L89.612 Pressure ulcer of right heel, stage 2) Unknown or N/A	Active	2016-08-27
Pressure ulcer of left heel, unstageable (ICD10:L89.620 Pressure ulcer of left heel, unstageable) Unknown or N/A	Active	2016-08-27
Acute embolism and thrombosis of unspecified deep veins of left lower extremity (ICD10:I82.402 Acute embolism and thrombosis of unspecified deep veins of left lower extremity) Unknown or N/A	Active	2016-08-27
Quadriplegia, unspecified (ICD10:G82.50 Quadriplegia, unspecified) Unknown or N/A	Active	2016-08-23
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-08-23
Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity (ICD10:I82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity) Unknown or N/A	Active	2016-08-23
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-23

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hospitalized for C6-C7 ruptured wound. 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: Asthma,Depression,Mobility_Impairments,Spinal_Cord_Injury

Additional Medical Conditions: Quadriplegic, lumbago, hypotension, chronic pain syndrome, urinary incontinence and history of deep vein thrombosis.

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to being a quadriplegic and bedbound most of the day.

Certification Statement: Skilled nursing is needed due to current medical conditions.

Signed by (NP): 302

Signed On (NP): 2016-11-30 02:38

Signed By (Physician): 18

Signed on (Physician): 2016-12-07 02:38

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-07**.

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