

**David Johnson: Patient Information**  
Patient Record Number:5986

**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:** David Johnson  
**External ID:** 5986  
**DOB:** 1975-09-16  
**Sex:** Male  
**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCa045RE5QVXdtM2M](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCa045RE5QVXdtM2M)

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216-4555  
**Country:** USA  
**Mobile Phone:** 682-258-5144  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 12-24-2016.  
**Father:** Father is alive..  
**Mother:** Mother is alive with complains of diabetes..  
**Offspring:** Two children..

## Social History:

**Last Recorded On:** 12-24-2016.  
**Tobacco:** Current some day smoker Smoker. **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Education level is 12th grade..

## Tests and Exams:

**Last Recorded On:** 12-24-2016.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2004-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2016-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Wellcare HMO, Inc. (14163)  
**Priority :** Secondary  
**Start Date :** 2013-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 464391652A  
**Group Number :**  
**Employer Name :** David Johnson  
**Copay :**  
**Insured ID Number :** 10328909  
**Group Number :**  
**Employer Name :** David Johnson  
**Copay :**  
**Insured ID Number :** 508361690  
**Group Number :**  
**Employer Name :** David Johnson

**Immunizations:**

**David Johnson: Chief Complaint**  
Patient Record Number:5986

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**Seen by** Sumana Ketha MD  
**Seen on** 28-October-2016

**Chief Complaint Status:**finalized

Follow-up home visit to prevent further decline and chronic medical conditions of osteoarthritis, hypertension, anxiety, hyperlipidemia, human immunodeficiency virus, and chronic pain. Patient complains of pain in his lower back.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 41-year-old African American male in NAD with multiple chronic conditions of osteoarthritis, hypertension, anxiety, hyperlipidemia, human immunodeficiency virus, and chronic pain. Patient currently states that his has pain in his back and both knees. Patient is a smoker. Patient denies any chest pain, headache, nausea or vomiting at this time.

**Social History:**Social history has been reviewed with the patient and updated.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-28	133	74	245.00	74.00	97.80	16.00	~	31.5	0.00

**Review of Systems:**

**Constitutional:**

**Psychiatric/Neurologic:**

No Depression YES  
No Anxiety YES  
No Cognitive Dysfunction  
No Significant Weight Change  
No Significant Fatigue  
No Significant Sleep Changes YES  
Use Of Antidepressants YES  
No Thought Content

**Physical Exam:**

**HEENT:**

Head - Within Normal Limits .  
Eyes - Within Normal Limits .  
Ears - Within Normal Limits .  
Nose - Within Normal Limits .  
Throat - Within Normal Limits .

**EXTREMITIES:**

Strength - Within Normal Limits .  
ROM - Within Normal Limits .

**LYMPH:**

Reactive Lymph Nodes - Within Normal Limits .

**MUSC:**

Strength - Within Normal Limits .

ROM - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
ALPRAZolam ,0.5 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-13	

ALPRAZolam ,0.5 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-13
Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-06
Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-06
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-18
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-18
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-17
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-17

## 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 patient. Patient educated on benefits of low salt, low fat and 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 and educated on smoking cessation. Patient verbalized understanding of the above treatment plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with chronic pain, continue current medication.
2. Anxiety, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.

5. Osteoarthritis with chronic pain, continue current medication.  
6. Hyperlipidemia, continue current plan.

Medication refills as follows:

Tylenol #3  
Xanax 1 mg t.i.d  
TAC 1% cream.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-10-28	
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	2016-10-28	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-27	
Complex regional pain syndrome I, unspecified ( ICD10:G90.50 Complex regional pain syndrome I, unspecified) Unknown or N/A	Active	2016-05-03	
Encounter for general adult medical examination without abnormal findings ( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-04-27	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-01-08	
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-23	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Other chronic pain ( ICD10:G89.29 Other chronic pain) 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	
Other and unspecified hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Intestinal infection due to Clostridium difficile ( ICD10:A04.7 Enterocolitis due to Clostridium difficile) Unknown or N/A	Active	2015-10-01	
Diarrhea ( ICD10:R19.7 Diarrhea, unspecified) Unknown or N/A	Active	2015-10-01	
Human immunodeficiency virus [HIV] disease ( ICD10:B20 Human immunodeficiency virus [HIV] disease) Unknown or N/A	Active	2015-10-01	
Spasm of muscle ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
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Bactrim Unknown or N/A	Active
Sustiva Unknown or N/A	Active

## Surgeries:

Description	Status	Start Date	End Date
Eye surgery 2014 Unknown or N/A	Active		
Motor vehicle accident in 2014. 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:** Americare Speciality

**Primary Justification Medical Conditions:** Depression, HTN, Schizophrenia

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** SN needed due to mental illness and inability to self medicate correctly

**Certification Statement:** Patient is homebound and does require skilled nursing due to mental illness and inability to self medicate correct. You

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-28 03:09

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-04 03:09

**Form\_status:** finalized

## Procedure Order:

Patient ID	5986	Order ID	1281
Patient Name	Johnson, David	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-11-03**.

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