

**John Williams: Patient Information**  
Patient Record Number:6120

**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:** John Williams  
**External ID:** 6120  
**DOB:** 1959-06-16  
**Sex:** Male  
**Marital Status:** Married

**Address:** 12115 Galva Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75243  
**Country:** USA  
**Mobile Phone:** 214-854-1546  
**Street Address:** 12115 Galva Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 07-26-2016.  
**Father:** Father died of chronic obstructive pulmonary disease and hypertension. .  
**Mother:** Mother is alive with dementia and Alzheimer's disease. .  
**Siblings:** Two brother are alive with hypertension and one sister died with MVA. .

## Social History:

**Last Recorded On:** 07-26-2016.  
**Tobacco:** Light tobacco smoker Smokes socially. **Status:** Current  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Developmental History:** Education level is GED..  
**Other History:** Influenza in 2015..

## Tests and Exams:

**Last Recorded On:** 07-26-2016.  
**Sigmoid/Colonoscopy** N/A Done in 2011.  
**Prostate Exam** N/A Done in 2011.

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2016-03-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 519459144  
**Group Number :**  
**Employer Name :** John Williams

**Immunizations:**

**John Williams: Chief Complaint**  
Patient Record Number:6120

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**Seen by** Sumana Ketha MD  
**Seen on** 12-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of anxiety, chronic pain, hypertension, gout, neuropathy, anticoagulant use due to blood clots. Patient complains of pain in the knees and lower back.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 57-year old African American male in NAD with multiple chronic conditions of anxiety, chronic pain, hypertension, gout, neuropathy, anticoagulant use due to blood clots. Patient has 2 bullets left inside, 1 in his left hip and 1 in his right rib from gun shooting in 2003. Patient was shot 2 times in left leg, 1 time in stomach and left arm. Patient has a metal plate in left forearm, pins in left hip and left knee. As a result of the gun shot wound, patient had chronic pain in knees, lower back, arms and hips. He has osteoarthritis in knees. Patient continue to complain of pain. Patient rates pain at 8/10.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-12	164	112	210.00	68.00	98.20	18.00	~	31.9	0.00

## Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan melalui air:**

**No BUREAU DISSEMINATION**

No ~~DISCLOSURE~~ ~~OF~~ ~~THE~~ ~~EXISTENCE~~ ~~OF~~ ~~A~~ ~~SUBJECT~~

## NOTES

**No additional item**

## Neonatal Bronchitis

### No Shared Biochemicals in Motion

No Discomfort

No Use of Dentures

### Physical Exam:

**EXTREMITIES:**

~~Subsequent to the above, the following results were obtained:~~

**BRISK:**

**Non-Hypericidic Tonsils-Neck-Within Normal Limits. Glands** pink, Bilateral Nasal Turbinates-Within Normal Limits .

**NEURO:**

**REPERAÇÃO DE MORALIDADE**

**RESEARCH:**

Normal CTAB With no Mental Limit. Alert and Oriented X3-Within Normal Limits.

**Patient Clear As To, From Good Ideas - Within Normal Limits .**

**Medication:**

Description	Status	Start Date	End Date
Warfarin Sodium ,6 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-04-14	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Atenolol-Chlorthalidone ,50-25 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-07
Warfarin Sodium ,6 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY AS DIRECTED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-30
Gabapentin ,600 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-03-25
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Atenolol-Chlorthalidone ,50-25 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	2016-03-10
Carisoprodol ,350 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	2016-03-10
Verapamil HCl ,120 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Warfarin Sodium ,6 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10

## 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 and patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical condition. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurred vision or systolic blood pressure greater than 200. Patient encouraged exercise daily. No labs needed this visit. The patient verbalized understanding of the 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. Hypertension, continue current plan.
2. Osteoarthritis, continue current plan.
3. Anxiety, continue current plan.
4. Gout, continue current plan.
5. Chronic pain, continue current plan.
6. Neuropathy, continue current plan.

No medication refills at this time.

## Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-12	

Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-05-26
Mononeuropathy, unspecified ( ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-26
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-13
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-04-13
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-09
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-03-09
Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-03-09
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-09

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-03-09	

## Surgeries:

Description	Status	Start Date	End Date
Hospitalization for gun shot wound in 2013. Unknown or N/A	Active	2016-03-09	

## 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:**

**Primary Justification Medical Conditions:** HTN

**Additional Medical Conditions:** Gout, Anxiety, Neuropathy, Chronic Pain, Anticoagulant Use

**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:** Skilled nursing needed due to multiple complex disease process and patient lack of knowledge of disease process. Skilled nursing needed to assess and observe patient conditions, medication administration and anticoagulant therapy/ ptt:INR weekly..

**Certification Statement:** Patient is home bound due to multiple complex chronic disease process. Patient gets fatigue easily , poor balance and increase risk for falls. Also takes anticoagulant therapy and severe anxiety.

**Signed by (NP):** 302

**Signed On (NP):** 2016-07-12 06:38

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-14 06:38

**Form\_status:** finalized

**Printed:** NO



Electronically Signed by **Darolyn Perkins** on **2016-07-18**.

Printed on 17-Aug-2016 20:32:54 pm.