

Leon Williams: Patient Information
Patient Record Number:3661

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: Leon D Williams
External ID: 3661
DOB: 1985-04-24
Sex: Male
S.S.: 463-06-6092
Marital Status: Single
Patient Drive Folder: 13527 Red Fern Lane this is the address patient will give wrong address

Address: 13527 Red Fern Lane
City: Dallas
State: Texas
Postal Code: 75240
Country: USA
Mobile Phone: 214-931-8114
Street Address: 13527 Red Fern Lane
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-22-2016.
Risk Factors: Insomnia,Gout.
Additional Medical History: Weakness.

Family History:

Last Recorded On: 07-22-2016.
Father: Father with arthritis, HTN, Gout, CVA.
Mother: Mother with HTN, diabetes.

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.
Risk Factors: Gout.
Chronic Conditions: Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 07-22-2016.
Tobacco: Current every day smoker 1/2 ppd **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Other History: Influenza in 2014 Pneumovax in 2014 PPD in 2014.

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2001-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 463066092C1
Group Number :
Employer Name : Leon Williams
Copay :
Insured ID Number : 500000023447
Group Number :
Employer Name : Leon Williams
Copay :
Insured ID Number : 500000023447
Group Number :
Employer Name : Leon Williams
Copay :
Insured ID Number : 517000865
Group Number :
Employer Name : Leon Williams
Copay :
Insured ID Number : 517000865
Group Number :
Employer Name : Leon Williams

Immunizations:

Leon Williams: Chief Complaint
Patient Record Number:3661

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Sumana Ketha MD
Seen on 05-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of anxiety, hypertension, post traumatic stress disorder, schizophrenia, chronic pain, diabetes-2, backache, constipation, genital herpes, lumbago, eczema herpeticum, urinary incontinence, and abnormal gait. Patient complains of low back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 31-year-old AA male in NAD with multiple chronic conditions of hypertension, diabetes, chronic pain, and anxiety. Patient states that she has chronic lower back pain that has been hurting on/off for several days. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently. Patient states that for the last several days his lower back has been hurting and rates his back pain 7/10 today. Patient does admit that he does get relief from current pain medication. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-05	123	86	219.00	70.00	97.60	20.00	~	31.4	0.00

Review of Systems:

Constitutional:

General/Physical/Anatomic:

No Unintentional Weight Loss
No Unintentional Weight Gain
No Decreased Appetite
No Increased Appetite
No Fatigue
No Lethargy
No Anemia
No Bleeding Gums
No Bleeding
No Obstruction
No Use Of Dentures

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

NECK:

NECK: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2015-05-08	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Xanax ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-08
Acyclovir ,200 MG CAPS, TAKE 1 CAPSULE DAILY AS NEEDED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-07

Plan Note:

Plan Note Status:Finalized

1. Lumbago with chronic pain, continue current plan.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
3. Gout, continue current plan.
4. Chronic pain syndrome, on pain medication.
5. Eczema, stable.
6. Anxiety, continue current plan.
7. Schizophrenia, continue medications.
8. General herpes, controlled with medications.
9. Posttraumatic stress disorder, continue current plan.
10. Abnormal gait, continue current plan.
11. Constipation (due to opioid use), continue treatment.
12. Urinary incontinence, stable.
13. No medications refills needed this visit.
14. Medication adherence was given to the patient. Continue treatment as planned.
15. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
16. Reviewed old records of the patient.
17. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Gouty arthropathy, unspecified (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2015-10-01	
Eczema herpeticum (ICD10:B00.0 Eczema herpeticum) Unknown or N/A	Active	2015-10-01	
Renal colic (ICD10:N23 Unspecified renal colic) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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 chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Genital herpes, unspecified (ICD10:A60.9 Anogenital herpesviral infection, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Posttraumatic stress disorder (ICD10:F43.10 Post-traumatic stress disorder, unspecified) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
hemorrhage 2012 Unknown or N/A	Active		
tumor on spine and brain 2013 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:

Primary Justification Medical Conditions: diabetes,HTN,Schizophrenia

Additional Medical Conditions:

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 schizophrenia and inability to self medicate correctly.

Certification Statement: Patient is home bound due to schizophrenia and chronic pain. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-07-05 08:38

Signed By (Physician): 18

Signed on (Physician): 2016-07-11 08:38

Form_status: finalized

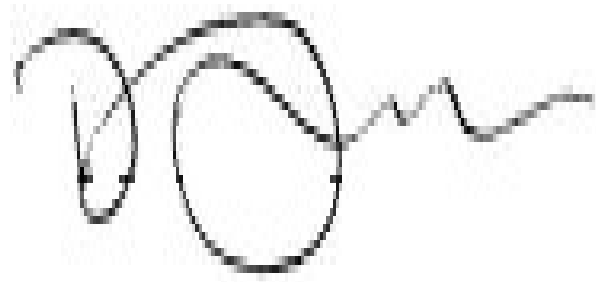
DME:

Description	Status	Start Date	End Date
Pullups Med Unknown or N/A	Active		
Chux Unknown or N/A	Active		
Chux Unknown or N/A	Active		
Wipes Unknown or N/A	Active		
Pullups Large Unknown or N/A	Active		

Procedure Order:

Patient ID	3661	Order ID	689
Patient Name	Williams, Leon D	Ordered By	Love-Jones, Derrick
Order Date	2016-09-02	Print Date	2016-09-02
Order Status	complete	Encounter Date	2016-09-02
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-02		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-11**.

Printed on 02-Sep-2016 08:13:49 am.