

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: 12-03-2016.
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: 12-03-2016.
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: 12-03-2016.
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:

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

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Warfarin Sodium ,6 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 0 | | | |
| Unknown or N/A | Active | 2016-11-15 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

| | | |
|---|--------|------------|
| Atenolol-Chlorthalidone ,50-25 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-10-31 |
| Warfarin Sodium ,6 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-10-03 |
| Warfarin Sodium ,6 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-04-14 |
| 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. Lumbago with sciatica continue current plan
2. Hypertension with vascular complications continue current plan.
3. Gout, continue current plan.
4. Anxiety continue current plan.

- 5. Chronic Pain Syndrome continue current pain medication.
- 6. Neuropathy continue current plan.
- 7. Osteoarthritis with chronic pain continue current plan.
- 8. Peripheral vascular disease, continue current plan.
- 9. Anticoagulant Use due to blood clots history continue current plan.

Medication refills as follows:
Norco 10/325 mg t.i.d.
Soma 350 mg t.i.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2016-10-27 | |
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-10-27 | |
| Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A | Active | 2016-09-20 | |
| 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 | 2016-08-17 | |
| 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): 2016-10-27 08:36

Signed By (Physician): 18

Signed on (Physician): 2016-11-03 08:36

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-11-03**.

Printed on 04-Dec-2016 17:02:08 pm.