

Lornell Johnson Jr: Patient Information
Patient Record Number:5518

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: Lornell Johnson Jr
External ID: 5518
DOB: 1970-11-17
Sex: Male
User Defined: 817-897-8244

Address: 3303 Southern Oaks Blvd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mother's Name: 214-640-0215 call
Guardian's Name: 214-476-1564
Emergency Contact: 214-928-9595
Emergency Phone: 972-670-7775
Home Phone: 469-508-5753
Work Phone: 817-897-8244
Mobile Phone: 469-314-6868
Street Address: 3303 Southern Oaks Blvd
Apt/Suite/Other: 7301

Family History:

Last Recorded On: 07-14-2016.
Father: Deceased with history of hypertension and diabetes .
Mother: Deceased with history of hypertension, diabetes, and stroke.
Siblings: Sister deceased with history of diabetes .
Offspring: Patient has one child.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker 1/2 pack per day **Status:**
Coffee:
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Diabetic diet.
Developmental History: Educational level is 12th grade.
Other History: Influenza in 2014, Pneumovax in 2014.

Tests and Exams:

Last Recorded On: 07-14-2016.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal 09/05/2014
CBC Complete Blood Count (3 months) Abnormal 09/05/2014
CMP Comprehensive Metabolic Panel (3 months) Abnormal 09/05/2014
LIPIDS (once year unless chol meds) Normal 09/05/2014
UA - Urinalysis - (Yearly - HH primary responsibility) Normal 09/08/2014
Urine Culture (prn) Normal 09/08/2014

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2013-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 467318898A
Group Number :
Employer Name : Lornell Johnson Jr
Copay :
Insured ID Number : 527577428
Group Number :
Employer Name : Lornell JohnsonJr

Immunizations:

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Follow-up home visit for chronic medical conditions to prevent further decline of chronic medical conditions of diabetes mellitus type 2, peripheral vascular disease, hypertension, hyperlipidemia, benign prostatic hyperplasia, osteoarthritis, insomnia, neuropathy and chronic pain. Patient complains of pain in feet and elevated blood sugars.

1. Diabetes mellitus 2 with neuropathy continue current plan.
2. Benign prostatic hyperplasia, continue current plan.
3. Hypertension with vascular complications continue current plan.
4. Chronic pain syndrome, continue medications.
5. Peripheral vascular disease, continue current plan.
6. Hyperlipidemia, monitor lipids.
7. Insomnia, monitor.
8. Neuropathy, continue current plan.
9. Medication refills are as follows, Norco 10/325 mg t.i.d., Novolog 70/30 35 units a.m., 27units p.m.

10. Medication adherence was given to the patient. Continue treatment as planned.
11. 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.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2015-10-01	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01	
Hyperplasia of prostate, unspecified, with urinary obstruction and other lower urinary symptoms (LUTS) (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) 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	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active		

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
anterior cruciate ligament surgery 1998 Unknown or N/A	Active		
Hip 2001 Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES
Is Home Health Care Needed: NO
Does Patient have reliable other Primary Care Physician: NO
Is House Visit Needed: NO
Next Visit Duration (in days): 31
Current home health agency:
Primary Justification Medical Conditions:
Additional Medical Conditions:
Nursing Required: NO
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Requested Care/Treatments Required:
Clinical Findings To Justify Home Health:
Certification Statement: No skilled nursing needed at this time.
Signed by (NP): 16
Signed On (NP): 2016-07-27 05:07
Signed By (Physician): 18
Signed on (Physician): 2016-09-01 05:07
Form_status: finalized

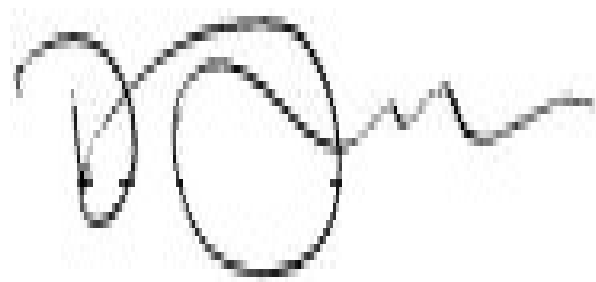
DME:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered diabetic supplies at Walgreens. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		

Procedure Order:

Patient ID	5518	Order ID	769
Patient Name	Johnson Jr, Lornell	Ordered By	Love-Jones, Derrick
Order Date	2016-08-25	Print Date	2016-08-25
Order Status	complete	Encounter Date	2016-08-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-25		Final ✓		0097	Pulse Oximetry	No		97% to 100%	97%	



Electronically Signed by **Derrick Love-Jones** on **2016-08-04**.

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