

**John Lee Jr: Patient Information**  
Patient Record Number:6277

**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

**Name:** John F Lee Jr  
**External ID:** 6277  
**DOB:** 1994-09-15  
**Sex:** Male  
**S.S.:** 632-44-5431  
**Marital Status:** Single

**Address:** 7229 Ferguson Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75228  
**Country:** USA  
**Guardian's Name:** Angela Jones(Mother)  
**Mobile Phone:** 214-229-1453  
**Street Address:** 7229 Ferguson Rd  
**Apt/Suite/Other:** APT#1305

## Family History:

**Last Recorded On:** 11-05-2016.  
**Father:** Father is alive and healthy..  
**Mother:** Mother is alive with complaints of back surgery..  
**Siblings:** Two brothers and four six sisters..  
**Offspring:** Denies..

## Social History:

**Last Recorded On:** 11-05-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Well..  
**Developmental History:** Education level is 12th grade..

## Tests and Exams:

**Last Recorded On:** 11-05-2016.  
**Vitamin D (6 mo if on pills)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.  
**HbA, C Hemoglobin (if DM every 3 mo)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.  
**TSH Thyroid-Stimulating Hormone (every year)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.  
**CBC Complete Blood Count (3 months)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.  
**CMP Comprehensive Metabolic Panel (3 months)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Labs done on 09/07/2016 at Choice Clinical Laboratory, Ordered by Dr. Derrick.

## Insurance:

**Molina Healthcare of Texas (Z1161)**

**Priority :** Primary  
**Start Date :** 2016-08-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 515216520  
**Group Number :**  
**Employer Name :** John Lee Jr

**Immunizations:**

**John Lee Jr: Chief Complaint**  
Patient Record Number:6277

### Texas Physician House Calls (H)

2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texas-house-calls.com

**Seen by** Sumana Ketha MD  
**Seen on** 23-August-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions of history of deep vein thrombosis, neuropathy, depression, chronic pain syndrome, hypotension, asthma, urinary incontinence, lumbago and quadriplegia. Patient complains of upper body pain throughout.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 21-year-old Hispanic male with multiple chronic conditions of the following history of deep vein thrombosis, neuropathy, depression, chronic pain syndrome, hypotension, asthma, urinary incontinence, lumbago and quadriplegia. Patient is quadriplegic due to gunshot wound in 2015 that ruptured C6 and C7. Patient had a stent placed in his neck. Patient has a colostomy bag and a supra pubic catheter. Patient had a tracheotomy removed in February/2016. Patient has a stage 1 pressure ulcer on his right buttocks that will require wound care. Patient complains of body pain throughout his upper body and rates his pain 10/10. Patient is bed-bound most of the day. Patient's caregiver denies any other issues upon examination. Patient denies any chest pain, headache or nausea/vomiting recently.

**Past Medical History:**

**Family History:**

**Social History:**

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-23	96	72	190.00	70.00	98.20	18.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Das ist die richtige Einstellung:**

**Isotonic No Seizures**

**Neurobiology of Breath**

**Not Recommended** ☐ **Yes** ☒ **No** ☐

**NO** **YES** **YES** **YES**

### No Discrimination

Most of the Brainly YAs postive YES

NonConstrictiveRange Of Motion YES

### Physical Exam:

**CRIMFO:**

**Shareholder Approval of Certain Transactions and Director Election Procedures**

**ESPECH:**

**SINUSITIS:** No Evidence of Sinusitis. Maxillary Sinuses - Within Normal Limits. Ethmoidal Sinuses - Within Normal Limits. Sphenoidal Sinuses - Within Normal Limits. Nasal Turbinates - Within Normal Limits.

**PERT-AFCOM Question No. 04010101-Within Normal Limits.**

### Plan Note:

**Plan Note Status:**Finalized

Start wound care for pressure ulcer. Continue same treatment plan his previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and caregiver and the patient and caregiver were educated on the benefits of those so, low-fat, low cholesterol diet with current medical condition. Caregiver was instructed to take patient to ER for symptoms of chest pain, shortness of breath, blurry vision or systolic blood pressure greater than 200. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. The

patient and his caregiver verbalized understanding of the above 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. Quadriplegia, continue current plan.
2. Hypotension, continue to monitor.
3. Deep vein thrombosis, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Depression, continue current plan.
6. Asthma, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Urinary incontinence, continue current plan.
9. Lumbago with chronic pain, continue current plan.

Medication refills as follows:

Duloxetine 60 mg q.d.

Xarelto 20 mg b.i.d

## Medical Problem:

Description	Status	Start Date	End Date
Quadriplegia, unspecified ( ICD10:G82.50 Quadriplegia, unspecified) Unknown or N/A	Active	2016-08-23	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-08-23	
Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity ( ICD10:I82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity) Unknown or N/A	Active	2016-08-23	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-23	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Hospitalized for C6-C7 ruptured wound. 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:** Calvary Healthcare Inc

**Primary Justification Medical Conditions:** Asthma,Depression,Mobility\_Impairments,Spinal\_Cord\_Injury

**Additional Medical Conditions:** Quadriplegic, Lumbago, Hypotension, Chronic Pain Syndrome, Urinary Incontinence and Hx of DVT's

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Patient is homebound due to being a quadriplegic and bedbound most of the day.

**Certification Statement:** Skilled nursing is needed due to current medical conditions.

**Signed by (NP):** 16

**Signed On (NP):** 2016-08-23 06:12

Signed By (Physician): 18  
Signed on (Physician): 2016-08-29 06:12  
Form\_status: finalized

Procedure Order:

Patient ID	6277	Order ID	872
Patient Name	Lee Jr, John F	Ordered By	Love-Jones, Derrick
Order Date	2016-11-06	Print Date	2016-11-06
Order Status	complete	Encounter Date	2016-11-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
007: CBC											



Electronically Signed by **Sumana Ketha, MD** on **2016-08-30**.  
Printed on 06-Nov-2016 16:32:39 pm.