

Clifford Johnson: Patient Information
Patient Record Number:5456

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: Clifford Johnson

External ID: 5456

DOB: 1971-02-26

Sex: Male

S.S.: 451-49-0941

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXQ25NX1cwM2VfSHM>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 214-942-5216

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 07-21-2016.

Risk Factors: GERD,Seizures.

Family History:

Last Recorded On: 07-21-2016.

Father: Father died of coronary artery disease..

Mother: Mother died of end-stage renal disease..

Social History:

Last Recorded On: 07-21-2016.

Tobacco: No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: ADA diet..

Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 07-21-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) N/A Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

Prostate Exam N/A done

Insurance:

Advantage by Superior HealthPlan (68069)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Advantage by Superior HealthPlan (68069)
Priority : Primary
Start Date : 2016-07-01
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)
Priority : Secondary
Start Date : 2015-05-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : C0007471101
Group Number :
Employer Name : Clifford Johnson
Copay :
Insured ID Number : 451490941A
Group Number :
Employer Name : Clifford Johnson
Copay :
Insured ID Number : 508756293
Group Number :
Employer Name : Clifford Johnson
Copay :
Insured ID Number : 508756293
Group Number :
Employer Name : Clifford Johnson

Immunizations:

Clifford Johnson: Chief Complaint
Patient Record Number:5456

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

Seen by Derrick Love-Jones
Seen on 15-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of benign prostate hypertrophy, depression, hypertension, diabetes mellitus type 2, chronic kidney disease stage 4, seizure disorder, bipolar, neuropathy, peripheral vascular disease, schizophrenia, and gastroesophageal reflux disease. Patient continues to complain of foot pain.

History of Present illness:

HPI Status:Finalized

A 45-year-old African American male in no acute distress with multiple chronic conditions of benign prostate hypertrophy, depression, hypertension, diabetes mellitus type 2, chronic kidney disease stage 4, seizure disorder, bipolar, neuropathy, peripheral vascular disease, schizophrenia, and gastroesophageal reflux disease. Patient continues to complain of foot pain in both feet. He states that it is like pins, needles and tingling. Patient rates pain 6/10. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-07-15 | 122 | 85 | 160.00 | 61.00 | 97.60 | 20.00 | ~ | 30.2 | 0.00 |

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Change

No Fever

No Night Sweats

No Fatigue

No Anorexia

No Polyuria

No Polydipsia

No Pruritus

No Bleeding Gums

No Bruises

No Use Of Dentures

Physical Exam:

HEENT:

Head: Within Normal Limits .

EYES:

Visual Acuity: Within Normal Limits .

CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
2. Epilepsy, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, stable.
4. Chronic kidney disease stage-3, continue current plan.
5. Neuropathy, continue to monitor.
6. Depression, well controlled on medications.

7. Schizophrenia, continue current plan.
8. Bipolar, continue current plan.
9. Gastroesophageal reflux disease, continue current plan.
10. No medication refills needed this visit.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| 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 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 | |
| Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 | |
| Diabetes with neurological manifestations, type II or unspecified type, uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A | Active | 2015-10-01 | |
| Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity (ICD10:I82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Bipolar I disorder, most recent episode (or current) depressed, unspecified (ICD10:F31.30 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A | Active | 2015-10-01 | |
| Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD9:600.00 Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS)) Unknown or N/A | Active | | |

| | |
|---|--------|
| Epilepsy, unspecified, without mention of intractable epilepsy (ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A | Active |
|---|--------|

Allergies:

| Description | Status | Start Date | End Date |
|---------------------------------|--------|------------|----------|
| phenobarbital 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: Prosperity Health Services

Primary Justification Medical Conditions:

Hyperplasia,bipolar,Kidney_Disease,Depression,diabetes,Epilepsy,HTN,Schizophrenia

Additional Medical Conditions: GERD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to mental illness and inability to self medicate currently. Patient has mental illness which requires medication management and inventory.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to leave home safely alone. Patient is too disoriented to leave home safely by himself.

Signed by (NP): 16

Signed On (NP): 2016-07-15 02:58

Signed By (Physician): 18

Signed on (Physician): 2016-07-21 02:58

Form_status: finalized

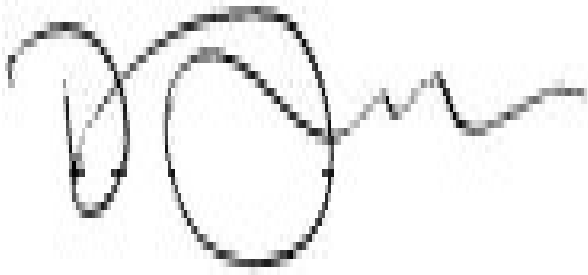
DME:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered diabetic supplies from CCS Medical. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A | Active | | |
| Gloves Unknown or N/A by Dr. Sumana Ketha | Active | | |
| Thermometer Covers Unknown or N/A by Dr. Sumana Ketha | Active | | |

Procedure Order:

| | | | |
|--------------|-------------------|----------------|---------------------|
| Patient ID | 5456 | Order ID | 725 |
| Patient Name | Johnson, Clifford | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-08-27 | Print Date | 2016-08-27 |
| Order Status | complete | Encounter Date | 2016-08-27 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-08-27 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |

A handwritten signature in black ink, consisting of a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-07-21**.

Printed on 27-Aug-2016 10:52:13 am.