Lonnie Brown: Patient Information
Patient Record Number:5764

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: Lonnie Brown
External ID: 5764
DOB: 1992-12-09
Sex: Male

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Insomnia.
Additional Medical History: Allergic Rhinitis.

Family History:

Last Recorded On: 07-14-2016.
Father: Father is alive and has unknown history.
Mother: Mother is alive and has DM and bipolar.
Siblings: Two siblings with unknown history.
Offspring: No children.

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Diabetes.
Mental Conditions: Bipolar Disorder.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Former smoker Stopped smoking two years ago **Status:** Quit
Alcohol: **Status:** Never
Recreational Drugs: **Status:** Never
Nutrition History: Regular diet.

Tests and Exams:

Last Recorded On: 07-14-2016.

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)

Copay :
Insured ID Number : 513286550
Group Number :
Employer Name : Lonnie Brown

Immunizations:

Lonnie Brown: Chief Complaint
Patient Record Number:5764

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Seen by Derrick Love-Jones
Seen on 20-February-2015

Chief Complaint Status:finalized
Follow up home visit for management of asthma, AR, insomnia, and anxiety

History of Present illness:

HPI Status: Finalized
A 22-year-old male in NAD with multiple chronic conditions. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2015-02-20	125	79	161.00	68.00	98.20	18.00		24.5	0.00

Review of Systems:

Constitutional:
[illegible]:
No [illegible]
No [illegible]
No [illegible]
No [illegible]
No [illegible]
No [illegible]
No [illegible]
No Bleeding Gums
No [illegible]
No Use Of Dentures

Physical Exam:

[illegible]MITIES:
[illegible]lymphadenopathy-Within Normal Limits .
[illegible]:
[illegible] Limits .
CV:
[illegible]four quadrants-Within Normal Limits .

Murmur, Rubs,Gallops-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized
Continue same treatment plan. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient denies refills. Patient states she is not taking trazodone anymore. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. Patient was ordered full set of labs at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable.

Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) 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	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Inactive	2015-02-20	2015-09-30
Asthma, unspecified type, unspecified (ICD9:493.90 Asthma, unspecified type, unspecified) Unknown or N/A	Inactive	2015-01-23	2015-09-30
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Inactive	2015-01-23	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-01-23	2015-09-30

Allergies:

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

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES
Is Home Health Care Needed: YES
Is House Visit Needed: YES
Next Visit Duration (in days): 31
Primary Justification Medical Conditions: Asthma
Additional Medical Conditions: Allergic rhinitis, anxiety, and insomnia.
Nursing Required: NO
Clinical Findings To Justify Home Health: SN needed due to intellectual disabilities and inability to self medicate currently.
Certification Statement: Patient is home bound due to intellectual disabilities. Patient experiences confusion and is unable to safely leave home alone.
Signed by (NP): 16
Signed On (NP): 2015-02-20

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