

**Charles Johnson: Patient Information**  
Patient Record Number:5590

**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

**Name:** Charles Johnson  
**External ID:** 5590  
**DOB:** 1969-08-11  
**Sex:** Male  
**S.S.:** 456-29-4426  
**Marital Status:** Single  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Z0JpUXdZTzRoOWM>

**Address:** 242 West Davis Street Apt #11  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75208  
**Country:** USA  
**Mobile Phone:** 214-258-8240  
**Street Address:** 242 West Davis Street  
**Apt/Suite/Other:** 11

## Family History:

**Last Recorded On:** 07-14-2016.  
**Mother:** Mother with diabetes 2 and stroke..  
**Spouse:** Two children..  
**Other Family Relative:** Grandmother with hypertension..

## Primary Family Med Conditions:

**Last Recorded On:** 07-14-2016.  
**Risk Factors:** Unknown.  
**Chronic Conditions:** Diabetes,Hypertension,Stroke / Transient Ischemic Attack.

## Social History:

**Last Recorded On:** 07-14-2016.  
**Tobacco:** Current every day smoker Smokes 1/2 pack of cigarette a day    **Status:** Current  
**Alcohol:**    **Status:** Never  
**Recreational Drugs:**    **Status:** Never  
**Nutrition History:** Regular diet.

## Tests and Exams:

**Last Recorded On:** 07-14-2016.  
**TSH Thyroid-Stimulating Hormone (every year)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Done on 03/15/2014, at MetroStat, ordered by Dr. Ketha.  
**CBC Complete Blood Count (3 months)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Done on 03/15/2014, at MetroStat, ordered by Dr. Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Done on 03/15/2014, at MetroStat, ordered by Dr. Ketha.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 1997-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2015-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)  
**Priority :** Primary  
**Start Date :** 2015-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2013-07-30  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 456294926A  
**Group Number :**  
**Employer Name :** Charles Johnson  
**Copay :**  
**Insured ID Number :** 500000020899  
**Group Number :**  
**Employer Name :** Charles Johnson  
**Copay :**  
**Insured ID Number :** 456294926A  
**Group Number :**  
**Employer Name :** Charles Johnson  
**Copay :**  
**Insured ID Number :** 513547812  
**Group Number :**  
**Employer Name :** Charles Johnson

**Immunizations:**

**Charles Johnson: Chief Complaint**  
Patient Record Number:5590

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**Seen by** Darolyn Perkins  
**Seen on** 23-June-2016

**Chief Complaint Status:**finalized

Follow up home visit for management hypertension, diabetes mellitus type 2, asthma, hyperlipidemia, obesity, depression, bipolar, osteoarthritis, and joint pain. Patient complains of hand pain and knot on back and headache.

**History of Present illness:**

**HPI Status:**Finalized

A 46-year-old African American male in NAD with chronic conditions of asthma, chronic obstructive pulmonary disease, depression, diabetes mellitus type 2, hyperlipidemia, hypertension, osteoarthritis, and bipolar. Patient denies any new issues upon examination. Patient complains of hand pain for several months since hand surgery. Patient is currently having physical therapy and is recovering slowly. Patient denies any CP or N/V.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-23	157	87	210.00	68.00	98.20	18.00	~	31.9	0.00

## Review of Systems:

**Constitutional:**

**Geographical Location of the Village:**

Disagree/Don't know/Yes

**No ENTIRE TIME**

### Neurotransmission of Urine

**No appetite**

## No Blame, No Blame, No Blame

### Need Additional Examples Of A Section

No Bleeding Content

No Whatseries

No Use Of Dentures

### Physical Exam:

**PERMEITIES:**

[illegible]

**GEURO:**

**SEVERE INTERPERSONAL CONFLICT: The use of Minimal Norms limits.**

### Player's Goals, Creating Value, and Managing Within Limits

**Medication:**

Description	Status	Start Date	End Date
MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-08-10	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2			
Unknown or N/A	Active	2015-04-21	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-05

## 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 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 200. Patient encouraged weight loss efforts via daily exercise and certain food restrictions. 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. Chest X-ray ordered.

1. Continue current plan for hypertension.
2. Continue current plan for diabetes.
3. Continue current plan for COPD.
4. Continue current plan for hyperlipidemia.
5. Continue current plan for depression.

medication refills are as follows: Metoprolol 50 mg q.d.

## 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	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) 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	
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	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Pain in joint, site unspecified ( ICD10:M25.50 Pain in unspecified joint) Unknown or N/A	Active	2015-10-01	
Aseptic necrosis of bone, other ( ICD10:M87.08 Idiopathic aseptic necrosis of bone, other site) Unknown or N/A	Active	2015-10-01	

Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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
Chronic airway obstruction, not elsewhere classified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Major depressive affective disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Generalized anxiety disorder ( ICD10:F41.1 Generalized anxiety disorder) 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
Anxiety state, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, with (acute) exacerbation ( ICD10:J45.901 Unspecified asthma with (acute) exacerbation) 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
Mixed hyperlipidemia ( ICD9:272.2 Mixed hyperlipidemia) Unknown or N/A	Active	
Morbid obesity ( ICD9:278.01 Morbid obesity) Unknown or N/A	Active	

## Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Right knee surgery Unknown or N/A	Active		
Left arm ORIF Unknown or N/A	Active		
Left shoulder surgery Unknown or N/A	Active		
Left hand surgery 8 months ago on 11/2014 Unknown or N/A	Active		
Left forearm surgery 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:** Odyssey II Home Health Care Inc

**Primary Justification Medical Conditions:** Asthma, Depression, diabetes, hyperlipidemia, HTN

**Additional Medical Conditions:** Obesity, joint pain.

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to bipolar, OA and inability to self medicate currently.

**Certification Statement:** Patient is home bound due to OA and joint pain. Patient has unsteady painful ambulation with extremely poor balance.

**Signed by (NP):** 302

**Signed On (NP):** 2016-06-23 05:27

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-06-30 05:27

**Form\_status:** finalized

## DME:

Description	Status	Start Date	End Date
Glucometer ( ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A by Dr. Sumana Ketha	Active		

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