

Ray Johnson: Patient Information
Patient Record Number:6116

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: Ray Johnson
External ID: 6116
DOB: 1949-06-02
Sex: Male
S.S.: 435741793
Patient Drive Folder: +12148791100-0222-101033-015.pdf

Address: 2376 Blue Creek Dr
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 682-704-0016
Street Address: 2376 Blue Creek Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 01-07-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-07-2017.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 01-07-2017.

Insurance:

Wellcare HMO, Inc. (14163)

Priority : Primary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2017-01-01
Relationship to Insured : Self
Type : N/A
Payer : Advantage by Superior HealthPlan (68069)
Priority : Secondary
Start Date : 2017-01-01
Relationship to Insured :
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 15554461
Group Number :
Employer Name : Ray Johnson
Copay :
Insured ID Number : 435741793A
Group Number :
Employer Name : Ray Johnson
Copay :
Insured ID Number : C0020094401
Group Number :
Employer Name : Ray Johnson
Copay :
Insured ID Number : 623658242
Group Number :
Employer Name :

Immunizations:

Ray Johnson: Chief Complaint
Patient Record Number:6116

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Seen by Derrick Love-Jones
Seen on 27-October-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of chronic medical conditions of lumbago, diabetes 2, hypertension, asthma, gastroesophageal reflux, chronic pain hyperlipidemia, sickle cell anemia, and nausea. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is 67-year-old African-American male with multiple chronic conditions of chronic pain, diabetes 2, hypertension, asthma, gastroesophageal reflux disease, and nausea. Patient states he has pain in his back that sometimes radiates to his left leg. Patient complains of pain rated at 7/10 on pain scale. He denies chest pain, headache, nausea or vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-27	149	87	150.00	74.00	97.80	16.00	~	19.3	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain:

No Weight Loss/Gain

Fevers: YES

Night Sweats: YES

Chills: YES

Headaches: YES

Altered Mental Status: YES

Loss of Appetite: YES

No Constipation

Physical Exam:

HEENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

ENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

ENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Cyclobenzaprine HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-28
Nicotine ,14 MG/24HR PT24, APPLY 1 PATCH DAILY AS DIRECTED, Quantity: 14, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-20
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
Azithromycin ,250 MG TABS, TAKE 2 TABLETS ON DAY 1 THEN TAKE 1 TABLET A DAY FOR 4 DAYS, Quantity: 6, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
Promethazine HCl ,25 MG TABS, TAKE 1 TABLET EVERY 3 TO 4 HOURS AS NEEDED FOR NAUSEA AND VOMITING, Quantity: 240, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 5, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
TraMADol HCl ,50 MG TABS, Take 1 tablet 4 times a day as needed, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low so, low-fat, low cholesterol diet with current medical condition. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath come excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs need at this visit. The patient verbalized understanding of the above planet 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. Lumbago with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current medication.
3. Asthma, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Osteoarthritis with chronic pain, continue current medication.
6. Sickle cell anemia, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Allergic rhinitis, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Depression, continue current plan.
11. Cataracts, continue current plan.

Medication refills as follows:

Tramadol 50 mg t.i.d.
Vitamin C 500 mg t.i.d.
Cetirizine 10 mg q.d.

Ferrous Gluconate 324 mg
Cyclobenzaprine 5 mg 2 tabs b.i.d.
levocetirizine 5 mg q.d.
Montelukast 10 mg q.d.
Ranitidine 150 mg b.i.d.
Amlodipine 10 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-10-27	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27	
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2016-04-14	
Allergic rhinitis, unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-03-30	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-03-30	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-30	
Sickle-cell disease without crisis (ICD10:D57.1 Sickle-cell disease without crisis) Unknown or N/A	Active	2016-03-30	
Nausea (ICD10:R11.0 Nausea) Unknown or N/A	Active	2016-03-30	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-23	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-03-23	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-03-23	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-03-23	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-23	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-08	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-03-08	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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:

Primary Justification Medical Conditions: Asthma,diabetes,HTN

Additional Medical Conditions: Chronic pain, gastroesophageal reflux disease.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-10-27 02:37

Signed By (Physician): 18

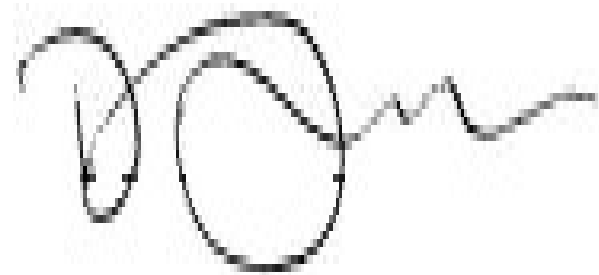
Signed on (Physician): 2016-11-03 02:37

Form_status: finalized

Procedure Order:

Patient ID	6116	Order ID	1249
Patient Name	Johnson, Ray	Ordered By	Love-Jones, Derrick
Order Date	2017-01-07	Print Date	2017-01-07
Order Status	complete	Encounter Date	2017-01-07
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-07		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-03**.

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