Dorothy Johnson: Patient Information

Patient Record Number:6123

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: Dorothy M Johnson

External ID: 6123 **DOB**: 1945-06-14 Sex: Female S.S.: 467685654

User Defined: Do not scheduled on Tue and Thur

Address: 3006 S Ewing Ave

City: Dallas State: Texas Postal Code: 75216 Country: USA

Home Phone: 469-398-9761 Mobile Phone: 214-484-6661 Street Address: 3006 S Ewing Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 07-14-2016.

Father: Father is deceased with unknown cause... Mother: Mother is deceased with unknown cause..

Siblings: None.. Offspring: Two children..

Social History:

Last Recorded On: 07-14-2016.

Tobacco: Never smoker No smoking.

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drugs. Status: Never Developmental History: Education level is 12th grade..

Other History: Influenza taken 2015. .

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary **Start Date**: 2010-06-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 467685654B

Group Number:

Employer Name: Dorothy Johnson

Immunizations:

Dorothy Johnson: Chief Complaint

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Seen by Darolyn Perkins **Seen on** 10-August-2016

Chief Complaint Status: finalized

Follow up home visit for management of diabetes, hyperlipidemia, hypertension, and congestive heart failure. Patient complain of pain in right knee which rated at 10/10.

History of Present illness:

HPI Status:Finalized

Patient is a 71-year-old old female in NAD with multiple chronic conditions of diabetes, hyperlipidemia, hypertension, and congestive heart failure. Patient feet hurts when she walks. She has pain in right knee but does not want to take pain medication. She also have mild dementia. She denies chest pain, headache or nausea vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-10	170	92	190.00	64.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

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Streingtlin/e/Witean/Normalritandt, Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

NNURO:

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NECCH:

Stfppte\TonyranWeighlin, Normal Limits . Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

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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:

Descrip	ption Status	Start Date	End Date

Insulin Syringe ,31G X 5/16" 0.5 ML MISC, USE AS DIRECTED, Quantity: 100, Refill Quantity: 0 Unknown or N/A Active 2016-08-12 by ketha, Dr sumana - BK6230281 Texas Physician House Calls Aleve ,220 MG TABS, TAKE 1 TABLET ORAL BID, Quantity: 60, Refill Quantity: 0 Active 2016-06-06 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls NovoLIN 70/30 ,(70-30) 100 UNIT/ML SUSP, SUSPENSION SUBCUTANEOUS BID 30 UNITS QAM AND 25 UNITS QPM, Quantity: 30, Refill Quantity: 0 Active 2016-06-06 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Simvastatin, 40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Active 2016-06-06 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 0 Unknown or N/A 2016-04-01 by Jones, Derrick - MJ3217331 Texas Physician House Calls CloNIDine HCI, 0.1 MG TABS, Take one tablet every 8 hours prn if systolic blood pressure greater than 180, Quantity: 120, Refill Quantity: Active 2016-01-18 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

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 180. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed 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. No refill today. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Diabetes mellitus type 2, continue treatment plan.
- 2. Hypertension, continue treatment plan.
- ${\it 3. Congestive \ heart \ failure, \ continue \ treatment \ plan.}$
- 4. Hyperlipidemia, continue treatment plan.

Medical Problem:

Description	Status	Start Date	End Date
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-04-07	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-04-07	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-04-07	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-01	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-01	

Diabetes mellitus due to underlying condition with diabetic polyneuropathy (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-04-01
Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side (ICD10:I69.054 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side) Unknown or N/A	Active	2016-04-01
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-04-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-04-07	

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: LG Charity Home Health

Primary Justification Medical Conditions: diabetes, Heart_Failure, HTN

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 multiple complex conditions and patient lack of know

on how to manage the disease process and inability to self medicate.

Certification Statement: Patient is home bound due to dementia. Patient is unsafe to leave home due to changing mental status.

Signed by (NP): 302

Signed On (NP): 2016-08-10 08:17 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-12 08:17

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-08-17**.

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