

**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:** 10-30-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-30-2016.  
**Tobacco:** No smoking. **Status:**  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.  
**Other History:** Influenza November 2015..

## 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)

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

**Immunizations:**

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Description	Status	Start Date	End Date
Nicotine ,14 MG/24HR PT24, APPLY 1 PATCH DAILY AS DIRECTED, Quantity: 14, Refill Quantity: 2			
Unknown or N/A	Active	2016-06-20	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

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

1. Osteoarthritis with chronic pain, continue current plan.
2. Sickle cell anemia, continue current plan.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue medication.
5. Gastroesophageal reflux disease, continue current plan.
6. Allergic rhinitis, stable.
7. Depression, continue current plan.
8. Asthma, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Cataracts, continue current plan.
11. No medication refills needed this visit.
12. Medication adherence was given to the patient. Continue treatment as planned.
13. 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.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
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, GERD

**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):** 2016-07-27 05:00

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-01 05:00

**Form\_status:** finalized

## Procedure Order:

Patient ID	6116	Order ID	768
Patient Name	Johnson, Ray	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-30		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-08-03**.

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