

**Cynthia Johnson: Patient Information**  
Patient Record Number:6197

**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:** Cynthia Johnson  
**External ID:** 6197  
**DOB:** 1958-09-23  
**Sex:** Female  
**S.S.:** 458-33-5895  
**Marital Status:** Single  
**User Defined:** 469-845-5571

**Address:** 2696 Bickers St  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75211  
**Country:** USA  
**Emergency Contact:** Patricia  
**Mobile Phone:** 469-845-5571  
**Street Address:** 2696 Bickers St  
**Apt/Suite/Other:** Apt#2128

## Family History:

**Last Recorded On:** 01-07-2017.  
**Father:** Father is alive with complains of diabetes type 2, hypertension, and hyperlipidemia. .  
**Mother:** Mother died with lung cancer..  
**Siblings:** One sister and three brothers, which are alive. .  
**Offspring:** None..

## Social History:

**Last Recorded On:** 01-07-2017.  
**Tobacco:** Current some day smoker Smokes one packet per day. **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.  
**Other History:** Influenza and pneumovax taken in 2015..

## Insurance:

### Wellcare HMO, Inc. (14163)

**Priority :** Primary  
**Start Date :** 2016-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Wellcare HMO, Inc. (14163)

**Copay :**  
**Insured ID Number :** 13422242  
**Group Number :**  
**Employer Name :** Cynthia Johnson

## Immunizations:



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A new admit to service to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, hyperlipidemia, depression, anxiety, gastroesophageal reflux disease, coronary artery disease, and schizophrenia. Patient complains of foot pain in both feet.

A 57-year-old African-American female in NAD with multiple chronic medical conditions of the following hypertension with vascular complications, hyperlipidemia, depression, anxiety, gastroesophageal reflux disease, coronary artery disease, and schizophrenia. Patient has a history of breast cancer and a hysterectomy both in 2015. Patient also has a history of chronic pain in her joints, that is relieved with current OTC pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea or vomiting recently. Reviewed medications. Reviewed labs.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-30	120	82	140.00	63.00	97.60	20.00	~	0.0	0.00

**Psychiatric History:**

Schizophrenia Psych Diagnosis YES

No Depression Past Yes

No Anxiety Disorder

No Bipolar Disorder

No Eating Disorders

No Nightmares Of Urine

No Criminal Record Off Probation

ROM-W, it Ribs, Gallop, is within Normal Limits .

1. Hypertension with vascular complications continue current plan.
2. Depression continue current plan.

3. Gastroesophageal reflux disease, continue current plan.
4. Coronary artery disease, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Anxiety, continue current plan.
7. Schizophrenia, continue current plan.
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-08	
Atherosclerotic heart disease of native coronary artery without angina pectoris ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-07-08	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-08	
Major depressive disorder, recurrent, unspecified ( ICD10:F33.9 Major depressive disorder, recurrent, unspecified) Unknown or N/A	Active	2016-07-08	
Schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-07-08	
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	2016-06-30	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-06-30	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-06-30	
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-06-30	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Hysterectomy and Breast Surgery in 2015. 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:** Family Connections Home Health Care

**Primary Justification Medical Conditions:** Breast\_Cancer,Depression,HTN,hyperlipidemia,Schizophrenia

**Additional Medical Conditions:** CAD, 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:** Patient is homebound due to mental illness and the inability to self medicate correct.

**Certification Statement:** Skilled nursing is needed due to mental illness and the inability to self medicate correctly

**Signed by (NP):** 16

**Signed On (NP):** 2016-06-30 03:03

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-05 03:03

**Form\_status:** finalized

**Printed:** NO

## Procedure Order:

Patient ID	6197	Order ID	673
Patient Name	Johnson, Cynthia	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											

Patient ID	6197	Order ID	674
Patient Name	Johnson, Cynthia	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	97%	97% to 100%		

Patient ID	6197	Order ID	865
Patient Name	Johnson, Cynthia	Ordered By	Love-Jones, Derrick
Order Date	2017-01-07	Print Date	2017-01-07
Order Status	pending	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
007: CBC											



Electronically Signed by **Sumana Ketha, MD** on **2016-07-06**.

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