John Lawson Jr: Patient Information

Patient Record Number:6118

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: John Lawson Jr External ID: 6118 **DOB**: 1948-02-23 Sex: Male **S.S.**: 435840496 Marital Status: Married

User Defined: apt in btw 12-2:30 only

Address: 1100 River Bend Dr

City: Lancaster State: Texas Postal Code: 75146 Country: USA

Mobile Phone: 214-668-6329 Street Address: 1100 River Bend Dr

Apt/Suite/Other: 8

Family History:

Last Recorded On: 11-23-2016.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown..

Social History:

Last Recorded On: 11-23-2016. Tobacco: No smoking Status: Never Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular.. Developmental History: Well..

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1991-09-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 435840496A

Group Number:

Employer Name : John Lawson Jr

Immunizations:

John Lawson Jr: Chief Complaint

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Seen by Darolyn Perkins **Seen on** 13-October-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of chronic medical conditions of the following: hearing loss bilateral, intellectual disabilities, anxiety, hyperlipidemia, and hypertension. Patient complains of increased flare up from bulbous prepared disease.

History of Present illness:

HPI Status:Finalized

A 68-year-old male in NAD with multiple chronic conditions of bilateral hearing loss, hypertension, hyperlipidemia, anxiety and intellectual disabilities. Patient states that his hearing loss has increased on the last several months. Patient denies any CP, HA, NA/

Review of Systems:

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ROM-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized

Patient caregiver to schedule appointment with Otolaryngologist as soon as possible for evaluation. Continue same treatment plan his previous for other diagnoses. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Full set of the following labs ordered: CBC, CMP, UA, TSH, A1C, Vit D, Lipid LDL/HDL. Patient caregiver verbalized understanding of the above plan I was given the office in the front to questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Hearing loss, schedule appointment with Otolaryngologist.
- 2. Hypertension, continue current plan.
- 3. Hyperlipidemia, continue current plan.
- 4. Anxiety, continue current plan.
- 5. Intellectual disabilities, continue current plan.
- 6. Learning disabilities, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified sensorineural hearing loss (ICD10:H90.5 Unspecified sensorineural hearing loss) Unknown or N/A	Active	2016-03-04	
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-04	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-03-04	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-04	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-03-04	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies.	Active	2016-03-04	
Unknown or N/A	7101170		

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: Integrity Home Health Care Services

 $\textbf{Primary Justification Medical Conditions:} \ Learning_Disabilities, hyperlipidemia, HTN, Deafness$

Additional Medical Conditions: 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 intellectual disabilities and learning disabilities. Certification Statement: Skilled nursing is needed to help patient administer medications due to patient's inability to self medicate correctly.

Signed by (NP): 302

Signed On (NP): 2016-10-13 04:35 **Signed By (Physician):** 18

Signed on (Physician): 2016-10-20 04:35

Form_status: finalized

Printed:



Electronically Signed by Darolyn Perkins on 2016-10-20.

Printed on 24-Nov-2016 15:13:49 pm.