

David Johnson: Patient Information
Patient Record Number:5986

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: David Johnson
External ID: 5986
DOB: 1975-09-16
Sex: Male
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCa045RE5QVXdtM2M

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216-4555
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 07-25-2016.
Father: Father is alive..
Mother: Mother is alive with complains of diabetes..
Offspring: Two children..

Social History:

Last Recorded On: 07-25-2016.
Tobacco: Current some day smoker. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Secondary
Start Date : 2013-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 464391652A
Group Number :
Employer Name : David Johnson
Copay :
Insured ID Number : 10328909
Group Number :
Employer Name : David Johnson
Copay :
Insured ID Number : 508361690
Group Number :
Employer Name : David Johnson

Immunizations:

David Johnson: Chief Complaint
Patient Record Number:5986

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

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline and chronic medical conditions of OA, HTN, Anxiety, HLD, HIV, Chronic Pain. Patient complains of pain in back and knees.

History of Present illness:

HPI Status:Finalized

AA male in NAD with multiple chronic conditions. Patient currently states that he has pain in his back and both knees. Patient is a smoker. Patient denies any chest pain, headache, nausea or vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-27	134	79	245.00	75.00	97.80	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Psychological/Behavioral/Intelligence:

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~

Signature

Neurological Exam

Nox

Does this make sense YES

Use Of Antidepressants YES

No Thought Content

Physical Exam:

SUMMARY:

Mean No. Daily Injuncted or Dead Birds Within Normal Turbidity Limits.

EXTREMITIES:

Normal Limits.

CYMPH:

Representing Spatial Levels Within Normal Limits .

MUSC:

Strength-Within-Gallops-Within Normal Limits .

ROM-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-04-18	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-04-18	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-17
Acetaminophen-Codeine #3 ,300-30 MG TABS, 1 TAB PO BID PRN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-17
Amoxicillin ,500 MG CAPS, TAKE 2 TIMES A DAY, Quantity: 14, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Inactive	2016-07-07
Amoxicillin ,500 MG CAPS, TAKE 2 TIMES A DAY, Quantity: 14, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Inactive	2016-07-07

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 patient. Patient educated on benefits of low salt, low fat and 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. Patient encouraged to exercise daily and educated on smoking cessation. Patient verbalized understanding of the above treatment plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Anxiety, continue current plan.
2. Hyperlipidemia, continue current plan.
3. Osteoarthritis with chronic pain continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hypertension, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows:

Tylenol #3

Xanax 1mg tid

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-27	

Complex regional pain syndrome I, unspecified (ICD10:G90.50 Complex regional pain syndrome I, unspecified) Unknown or N/A	Active	2016-05-03
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-04-27
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-01-08
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-23
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Intestinal infection due to Clostridium difficile (ICD10:A04.7 Enterocolitis due to Clostridium difficile) Unknown or N/A	Active	2015-10-01
Diarrhea (ICD10:R19.7 Diarrhea, unspecified) Unknown or N/A	Active	2015-10-01
Human immunodeficiency virus [HIV] disease (ICD10:B20 Human immunodeficiency virus [HIV] disease) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01

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: Americare Speciality

Primary Justification Medical Conditions: Depression,HTN,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to mental illness and inability to self medicate correctly

Certification Statement: Patient is homebound and does require skilled nursing due to mental illness and inability to self medicate correct. You

Signed by (NP): 16

Signed On (NP): 2016-05-27 09:17

Signed By (Physician): 18

Signed on (Physician): 2016-06-03 09:17

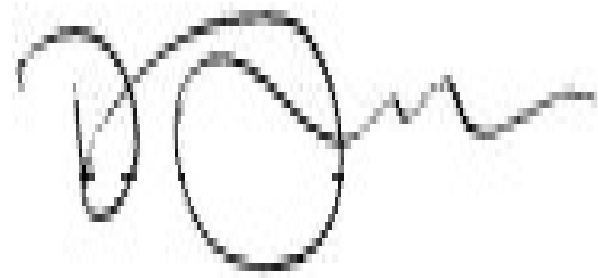
Form_status: finalized

Procedure Order:

Patient ID	5986	Order ID	585
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Patient Name	Johnson, David	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-06-02**.

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