

Jonathan Johnson: Patient Information
Patient Record Number:6338

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: Jonathan Johnson
External ID: 6338
DOB: 1985-06-03
Sex: Male
S.S.: 441-86-6362
Patient Drive Folder: 0B0x_tbqdBDPhR01qVE83M1Z5ejA

Address: 2331 Kathleen Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Phone: 469-650-6832
Home Phone: 214-405-8107
Mobile Phone: 214-448-4576
Street Address: 2331 Kathleen Ave
Apt/Suite/Other: House

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 617483986
Group Number :
Employer Name : Jonathan Johnson

Immunizations:

Jonathan Johnson: Chief Complaint
Patient Record Number:6338

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Seen by Sumana Ketha MD
Seen on 28-December-2016

Chief Complaint Status:finalized

Followup home service to prevent further decline of the following chronic medical conditions of muscle spasms, hypertension, neuropathy, chronic pain syndrome, paraplegia, wheelchair bound, urinary incontinence, and osteoarthritis. Patient complains of muscle spasms and arm pain.

History of Present illness:

HPI Status:Finalized

A 31-year-old African-American male in no acute distress with multiple chronic conditions of the following muscle spasms, hypertension, neuropathy, chronic pain syndrome, paraplegia, wheelchair bound, urinary incontinence, and osteoarthritis. Patient has a history of a gunshot wound from 2011 that paralyze the patient from the waist down. Patient has a history of muscle spasms, arm pain and shoulder pain. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-28	167	93	0.00	0.00	97.60	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 167 lbs
Appetite Good
Energy Good
Thirst No
Seating No
Diarrhea No
Constipation No

Physical Exam:

ENT:

ENT - Within Normal Limits .

HEENT:

HEENT - Within Normal Limits .

CV:

CV - Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Gabapentin ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03	

Ibuprofen ,800 MG TABS, TAKE 1 TABLET 2 TIMES DAILY AFTER MEALS, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, once a day, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03
Methocarbamol ,500 MG TABS, TAKE 2 TABLETS 4 TIMES DAILY, Quantity: 240, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the 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 come excessive headache, blurry vision or systolic blood pressure greater than 200. Patient educated to exercise daily as tolerated. Full set of labs ordered. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current plan.
2. Neuropathy, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Muscle spasms, continue current plan.
6. Paraplegia, continue to monitor.
7. Osteoarthritis with chronic pain, continue current plan.
8. Urinary incontinence, continue current plan.

Medication refills as follows,

IBU 800 mg b.i.d.
Methocarbamol 500 mg 2 tabs q.i.d.
Lisinopril/HCTZ 20/25 mg q.d.
Gabapentin 300 mg t.i.d.
C-Pain Compound Cream apply to affected area t.i.d.

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	2016-11-01	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-11-01	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-11-01	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-11-01	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-11-01	

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: Mobility_Impairments,Spinal_Cord_Injury,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Neuropathy, Wheelchair Bound, Paraplegia, Urinary Incontinence and Muscle Spasms

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to wheelchair-bound status, air pollution, and chronic pain.

Certification Statement: Spilt nursing is needed due to The inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-12-27 02:14

Signed By (Physician): 18

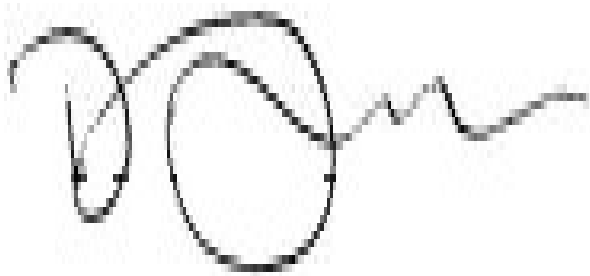
Signed on (Physician): 2017-01-03 02:14

Form_status: finalized

Procedure Order:

Patient ID	6338	Order ID	1588
Patient Name	Johnson, Jonathan	Ordered By	Love-Jones, Derrick
Order Date	2016-12-28 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-28 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2017-01-04**.

Printed on 12-Feb-2017 15:36:04 pm.