

**Katrina Johnson: Patient Information**  
Patient Record Number:6305

**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:** Katrina Johnson  
**External ID:** 6305  
**DOB:** 1968-12-07  
**Sex:** Female  
**Patient Drive Folder:** +19729190425-0915-094257-332\_ Katrina Johnson\_referral DOC

**Address:** 2331 Kathleen Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 214-462-0186  
**Street Address:** 2331 Kathleen Ave

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2016-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 529194932  
**Group Number :**  
**Employer Name :** Katrina Johnson

## Immunizations:

**Katrina Johnson: Chief Complaint**  
Patient Record Number:6305

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**Seen by** Sumana Ketha MD  
**Seen on** 01-November-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions: Gout, HLD, DM2, HTN, OA, Depression, Epilepsy, Chronic Pain Syndrome and Anxiety. Patient complains of knee and shoulder pain.

## History of Present illness:

**HPI Status:**Finalized

A 47-year-old African-American female in NAD with multiple chronic conditions of the following: Gout, HLD, DM2, HTN, OA, Depression, Epilepsy, Chronic Pain Syndrome and Anxiety. Patient states that she has a history of chronic pain in her knees, shoulders and her feet. Patient states that this pain is chronic and has been there for 2 to 3 years. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-01	168	86	240.00	66.00	97.80	16.00	~	38.7	0.00

## Review of Systems:

### Constitutional:

No Weight Loss/Gain  
No Anorexia  
No Nausea/Vomiting  
No Diarrhea  
No Constipation  
No Fever  
No Chills  
No Night Sweats  
No Fatigue  
No Decreased Range Of Motion

## Physical Exam:

### EXAMINATIONS:

Neurological-Within Normal Limits .

### CV:

Cardiovascular-Within Normal Limits .

### RESP:

Respiratory-Within Normal Limits .

### CV:

Cardiovascular-Within Normal Limits .

### RESP:

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

## Medication:

Description	Status	Start Date	End Date
Amoxicillin-Pot Clavulanate ,875-125 MG TABS, TAKE 1 TABLET TWICE DAILY UNTIL FINISHED, Quantity: 28, Refill Quantity: 0	Active	2016-11-03	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03
Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03
Sertraline HCl ,100 MG TABS, Take 1 tablet daily, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 14, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Cipro ,250 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 10, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan his 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, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged exercise daily as tolerated. Full set of labs ordered. Patient verbalize understanding of the above plan I was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

DM2 w/neuropathy continue current plan

HTN w/vascular complications continue current plan

Gout continue current plan

Epilepsy continue current plan

Chronic Pain Syndrome continue current pain medication

Depression continue current plan

OA w/chronic pain continue current plan

Anxiety continue current plan

Medication refills as follows:

Allopurinol 100mg qd

Atorvastatin 40mg qhs

Metformin 500mg qd

Lisinopril 40mg qd

Sertraline 100mg qd

Phenylin 100mg tid

Xanax 0.5mg tid

HCTZ 25mg qd

Norco 10/325mg tid

## Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-11-01	
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	

Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-11-01
Epilepsy, unspecified, not intractable, without status epilepticus ( ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-11-01

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** YES

**Is Home Health Care Needed:** NO

**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:** hyperlipidemia,Rheumatoid Arthritis\_Osteoarthr,HTN,Epilepsy,diabetes,Depression

**Additional Medical Conditions:** Anxiety, Chronic Pain Syndrome

**Nursing Required:** NO

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to severe chronic pain.

**Certification Statement:** No skilled nurse she needed at this time

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-01 04:03

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-08 04:03

**Form\_status:** finalized

**Printed:**

Printed on 20-Nov-2016 13:59:20 pm.