

Lornell Johnson Jr: Patient Information
Patient Record Number:5518

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Lornell Johnson Jr
External ID: 5518
DOB: 1970-11-17
Sex: Male
User Defined: 817-897-8244

Address: 3303 Southern Oaks Blvd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mother's Name: 214-640-0215 call
Guardian's Name: 214-476-1564
Emergency Contact: 214-928-9595
Emergency Phone: 972-670-7775
Home Phone: 469-508-5753
Work Phone: 817-897-8244
Mobile Phone: 469-314-6868
Street Address: 3303 Southern Oaks Blvd
Apt/Suite/Other: 7301

Family History:

Last Recorded On: 10-01-2016.
Father: Deceased with history of hypertension and diabetes .
Mother: Deceased with history of hypertension, diabetes, and stroke.
Siblings: Sister deceased with history of diabetes .
Offspring: Patient has one child.

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Current every day smoker 1/2 pack per day **Status:**
Coffee:
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Diabetic diet..
Developmental History: Educational level is 12th grade..
Other History: Influenza in 2014, Pneumovax in 2014.

Tests and Exams:

Last Recorded On: 10-01-2016.
HbA, C Hemoglobin (if DM every 3 mo) Normal Lab order was cancelled on 03/08/2016.
CBC Complete Blood Count (3 months) Normal Lab order was cancelled on 03/08/2016.
CMP Comprehensive Metabolic Panel (3 months) Normal Lab order was cancelled on 03/08/2016.
LIPIDS (once year unless chol meds) Normal Lab order was cancelled on 03/08/2016.
UA - Urinalysis - (Yearly - HH primary responsibility) Normal Lab order was cancelled on 03/08/2016.
Urine Culture (prn) Normal Lab order was cancelled on 03/08/2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2013-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 467318898A
Group Number :
Employer Name : Lornell Johnson Jr
Copay :
Insured ID Number : 527577428
Group Number :
Employer Name : Lornell JohnsonJr

Immunizations:

Lornell Johnson Jr: Chief Complaint
Patient Record Number:5518

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Seen by Derrick Love-Jones
Seen on 24-August-2016

Chief Complaint Status:finalized

Follow-up home visit for chronic medical conditions to prevent further decline of chronic medical conditions of diabetes mellitus type 2, peripheral vascular disease, hypertension, hyperlipidemia, benign prostatic hyperplasia, osteoarthritis, insomnia, neuropathy and chronic pain. Patient complains of knee pain and foot pain.

History of Present illness:

HPI Status:Finalized

Patient is a 45-year-old African-American male and NAD with multiple chronic conditions of diabetes mellitus type 2, hypertension, hyperlipidemia, benign prostatic hyperplasia, and osteoarthritis. Patient states that his feet hurt and he has numbness and tingling over the last several days. Patient states that this is an ongoing problem. Patient denies any other issues upon examination. Patient denies any hypoglycemic episode since last visit and foot check revealed no major issues. 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
2016-08-24	152	88	178.00	71.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Weight Loss
No Polydipsia
No Polyuria
No Nocturia
No Hunger
No Thirst
No Fatigue
No Limitation In Range Of Motion

Physical Exam:

HEENT:

Head: Within Normal Limits .

EENT:

Eyes: Within Normal Limits .

CVSC:

Heart: Within Normal Limits .

ROM: Within Normal Limits .

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 and patient was 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 to exercise daily. No labs needed this visit. The patient verbalize 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. Osteoarthritis with chronic pain, continue current plan.
2. Neuropathy, continue current plan.

- 3. Hyperlipidemia, continue current plan.
- 4. Insomnia, continue current plan.
- 5. Diabetes mellitus type 2 with neuropathy, continue current plan.
- 6. Peripheral vascular disease, continue current plan.
- 7. Hyperlipidemia, continue current plan.
- 8. Benign prostatic hyperplasia, continue current plan.
- 9. Chronic pain syndrome, continue current pain medication.

Medication refills are as follows,
Norco 10/325 mg t.i.d.
Gabapentin 600 mg t.i.d.
Humulin 70/30.

Medical Problem:

Description	Status	Start Date	End Date
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2015-10-01	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01	
Hyperplasia of prostate, unspecified, with urinary obstruction and other lower urinary symptoms (LUTS) (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) 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	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active		

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
anterior cruciate ligament surgery 1998 Unknown or N/A	Active		
Hip 2001 Unknown or N/A	Active		

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: NO
Next Visit Duration (in days): 31
Current home health agency:
Primary Justification Medical Conditions:
Additional Medical Conditions:
Nursing Required: NO
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Requested Care/Treatments Required:
Clinical Findings To Justify Home Health:
Certification Statement: No skilled nursing needed at this time.
Signed by (NP): 16
Signed On (NP): 2016-08-24 04:49
Signed By (Physician): 18
Signed on (Physician): 2016-08-31 04:49
Form_status: finalized

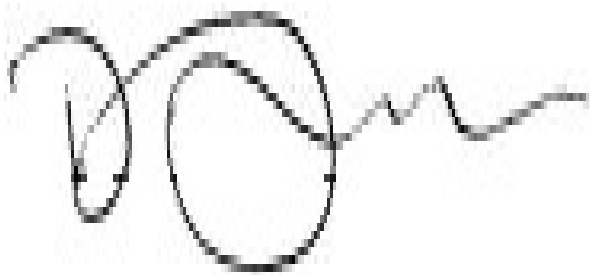
DME:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered diabetic supplies at Walgreens. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		

Procedure Order:

Patient ID	5518	Order ID	879
Patient Name	Johnson Jr, Lornell	Ordered By	Love-Jones, Derrick
Order Date	2016-10-01	Print Date	2016-10-01
Order Status	complete	Encounter Date	2016-10-01
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-01		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-08-31**.

Printed on 01-Oct-2016 13:44:02 pm.