Levon Williams: Patient Information

Patient Record Number:6174

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: Levon Williams External ID: 6174 **DOB**: 1947-03-02 Sex: Male **S.S.**: 433703102

User Defined: 469-781-9480

Address: 2607 Jeffries St

City: Dallas State: Texas Postal Code: 75215 Country: USA

Guardian's Name: Juanita williams Emergency Contact: 469-781-9480 Mobile Phone: 214-861-6455 Street Address: 2607 Jeffries St. Apt/Suite/Other: 304, Gate Code 2500

Family History:

Last Recorded On: 11-19-2016.

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

Social History:

Last Recorded On: 11-19-2016. Tobacco: No smoking Status: Never Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular. Developmental History: Well.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary **Start Date**: 2015-05-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Insured ID Number: 500000028095

Group Number:

Employer Name: Levon Williams

Immunizations:

Levon Williams: Chief Complaint Patient Record Number:6174 Texas Physician House Calls (H)

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

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of the following chronic medical conditions such as hypertension, anxiety, lumbago with chronic pain and chronic pain syndrome. Patient complains of lower back pain and knee pain.

History of Present illness:

HPI Status:Finalized

A 69-year-old African-American male in NAD with multiple chronic conditions of the following such as hypertension, anxiety, lumbago with chronic pain, and chronic pain syndrome. Patient states that he has chronic pain in his back and knees. Patient states that pain is relieved with his current pain medication. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-28	140	83	154.00	72.00	98.10	18.00	~	20.9	0.00

Review of Systems:

Constitutional:

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No Diarrhea

No Constipation

Physical Exam:

CHEC:

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NECKO:

95/2/PEPPLESCENDIGSTEIN/IDANIMATION/IDINIMASSAMULIMITY domablicimiss.

ESYCH:

RFRECt\MidminaNkoVrittlainLNnoitenal Limits.

RESP:

NongeaCATABEN/Viuldgenmentahninhinsod, Alert and Oriented X3-Within Normal Limits.

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date	
CIONIDine HCI ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0				
Unknown or N/A	Active	2016-10-06		
by Jones, Derrick - MJ3217331				
Texas Physician House Calls				

Diltiazem HCI ,90 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 180, Refill Quantity: 0		
Unknown or N/A	Active	2016-09-28
by Jones, Derrick - MJ3217331	710.170	2010 00 20
Texas Physician House Calls		
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 1		
Unknown or N/A	Active	2016-09-28
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Potassium Chloride ER ,8 MEQ TBCR, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0	Active	2016-09-28
Unknown or N/A	Active	2010-09-20
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
-		
CIONIDine HCI ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1		
Unknown or N/A	Active	2016-08-08
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Xanax ,0.5 MG TABS, TAKE 2 TABLETS AT BEDTIME, Quantity: 60, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-20
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1		
Unknown or N/A	Active	2016-06-29
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET DAILY AS NEEDED FOR PAIN, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-05-20
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Xanax ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 30, Refill Quantity: 1		
Unknown or N/A	Active	2016-05-20
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls	·	
Diltiazem HCI ,90 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0		
Unknown or N/A	Active	2016-05-19
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Potassium Chloride ER ,8 MEQ TBCR, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-05-19
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
CIONIDine HCI ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0		
Unknown or N/A	Active	2016-05-19
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
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Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed continue same medications, no new medications noted this visit.

Medication adherence education was given to the patient and the patient educated on 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 as tolerated. Reviewed current labs with patient. No labs needed this visit. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Lumbago with chronic pain continue current plan.
- 2. Rheumatoid arthritis with chronic pain, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.

- 5. Anxiety, continue current plan.
- 6. Allergic rhinitis, continue current plan.
- 7. Coronary artery disease, continue current plan.
- 8. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows,

Diltiazem 90 mg b.i.d. Norco 10/325 mg b.i.d. HCTZ 25 mg q.d. Klor-Con 8 mEq q.d.

Medical Problem:

Description	Status	Start Date	End Date
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2016-09-28	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-04	
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	2016-06-30	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-30	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-17	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-17	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-17	
Other intervertebral disc disorders, lumbar region (ICD10:M51.86 Other intervertebral disc disorders, lumbar region) Unknown or N/A	Active	2016-04-04	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-04	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-04	
Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2016-04-04	

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies	Active			
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: Calvary Healthcare Inc

Primary Justification Medical Conditions: HTN,Rheumatoid Arthritis_Osteoarthr Additional Medical Conditions: Lumbago, Chronic Pain Syndrome, Anxiety.

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 chronic lower back pain and the inability to self

medicate correctly. Patient also has limited mobility issues.

Certification Statement: Skilled nursing is needed due to be an ability to self medicate correctly.

Signed by (NP): 302

Signed On (NP): 2016-09-28 07:00 Signed By (Physician): 18

Signed on (Physician): 2016-10-05 07:00

Form_status: finalized

Printed:



Electronically Signed by Sumana Ketha, MD on 2016-10-05.

Printed on 20-Nov-2016 09:59:21 am.