Ray Johnson: Patient Information

Patient Record Number:6116

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: Ray Johnson External ID: 6116 **DOB**: 1949-06-02 Sex: Male S.S.: 435741793

Patient Drive Folder: +12148791100-0222-101033-015.pdf

Address: 2376 Blue Creek Dr

City: Dallas State: Texas Postal Code: 75216 Country: USA

Mobile Phone: 682-704-0016 Street Address: 2376 Blue Creek Dr

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-30-2016.

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

Social History:

Last Recorded On: 10-30-2016. Tobacco: No smoking. Status:

Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular. Developmental History: Well.

Other History: Influenza November 2015..

Insurance:

Wellcare HMO, Inc. (14163)

Priority: Primary **Start Date**: 2016-03-01 Relationship to Insured: Self

Type: N/A

Payer: Wellcare HMO, Inc. (14163)

Priority: Primary Start Date: 2016-08-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 15554461

Group Number:

Employer Name: Ray Johnson

Copay:

Insured ID Number: 435741793A

Group Number:

Employer Name: Ray Johnson

Immunizations:		

Ray Johnson: Chief Complaint Patient Record Number:6116 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 27-July-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of chronic medical conditions of the following: lumbago, diabetes 2, hypertension, asthma, gastroesophageal reflux, chronic pain hyperlipidemia, sickle cell anemia, and nausea. Patient complains of in lower back and joints.

History of Present illness:

HPI Status:Finalized

Patient is 67-year-old AA male with multiple chronic conditions of chronic pain, diabetes 2, hypertension, asthma, GERD, and nausea. Patient states he has pain in his back that sometimes radiates to his legs. Patient also states that he has been having a lot of joint pain throughout his body. Patient pain rated at 7/10 on pain scale. He denies CO, HA, N/V at this time. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	132	74	148.00	74.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

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No Constipation

Physical Exam:

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CV:

Resident With the American Library Comments and Comments

 $\label{eq:Murmur} \mbox{Murmur, Rubs, Gallops-Within Normal Limits} \; .$

Medication:

Description	Status	Start Date	End Date
Nicotine ,14 MG/24HR PT24, APPLY 1 PATCH DAILY AS DIRECTED,			
Quantity: 14, Refill Quantity: 2			
Unknown or N/A	Active	2016-06-20	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 3 Unknown or N/A Active 2016-03-14 by Jones, Derrick - MJ3217331 Texas Physician House Calls Azithromycin ,250 MG TABS, TAKE 2 TABLETS ON DAY 1 THEN TAKE 1 TABLET A DAY FOR 4 DAYS, Quantity: 6, Refill Quantity: 0 Active 2016-03-14 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Ibuprofen, 800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 2016-03-14 Unknown or N/A Active by Jones, Derrick - MJ3217331 Texas Physician House Calls Promethazine HCI ,25 MG TABS, TAKE 1 TABLET EVERY 3 TO 4 HOURS AS NEEDED FOR NAUSEA AND VOMITING, Quantity: 240, Refill Quantity: 3 Active 2016-03-14 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 5, Refill Quantity: 2 2016-03-14 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls TraMADol HCI ,50 MG TABS, Take 1 tablet 4 times a day as needed, Quantity: 120, Refill Quantity: 0 Active 2016-03-08 Unknown or N/A by ketha. Dr sumana - BK6230281 Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Sickle cell anemia, continue current plan.
- 3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
- 4. Chronic pain syndrome, continue medication.
- 5. Gastroesophageal reflux disease, continue current plan.
- 6. Allergic rhinitis, stable.
- 7. Depression, continue current plan.
- 8. Asthma, continue current plan.
- 9. Hyperlipidemia, continue current plan.
- 10. Cataracts, continue current plan.
- 11. No medication refills needed this visit.
- 12. Medication adherence was given to the patient. Continue treatment as planned.
- 13. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
- 14. Reviewed old records of the patient.
- 15. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity			
(ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)	Active	2016-07-27	
Unknown or N/A			
Chronic pain syndrome			
(ICD10:G89.4 Chronic pain syndrome)	Active	2016-07-27	
Unknown or N/A			
Anemia, unspecified			
(ICD10:D64.9 Anemia, unspecified)	Active	2016-04-14	
Unknown or N/A			

Allergic rhinitis, unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-03-30
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-03-30
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-30
Sickle-cell disease without crisis (ICD10:D57.1 Sickle-cell disease without crisis) Unknown or N/A	Active	2016-03-30
Nausea (ICD10:R11.0 Nausea) Unknown or N/A	Active	2016-03-30
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-23
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-03-23
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-03-23
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-03-23
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-23
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-08
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-03-08

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: Asthma, diabetes, HTN

Additional Medical Conditions: Chronic pain, GERD

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: Skilled nursing needed due to chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-07-27 05:00 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-01 05:00

Form_status: finalized

Procedure Order:

Patient ID	6116	Order ID	768
Patient Name	Johnson, Ray	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-30		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-08-03.

Printed on 30-Oct-2016 21:25:42 pm.