Clifford Johnson: Patient Information

Patient Record Number:5456

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: Clifford Johnson External ID: 5456 DOB: 1971-02-26 Sex: Male S.S.: 451-49-0941

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXQ25NX1cwM2VfSHM

Address: 3200 South Lancaster Road

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

Home Phone: 214-942-5216

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 07-21-2016. Risk Factors: GERD, Seizures.

Family History:

Last Recorded On: 07-21-2016.

Father: Father died of coronary artery disease.. **Mother:** Mother died of end-stage renal disease..

Social History:

Last Recorded On: 07-21-2016.

Tobacco: No smoking.
Alcohol: No alcohol.

Status: Never
Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: ADA diet..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 07-21-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) N/A Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 02/18/2015 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha

Prostate Exam N/A done

Insurance:

Advantage by Superior HealthPlan (68069)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A
Payer: Advantage by Superior HealthPlan (68069)

Priority: Primary Start Date : 2016-07-01 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)

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

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: C0007471101

Group Number:

Employer Name: Clifford Johnson

Copay:

Insured ID Number: 451490941A

Group Number :

Employer Name: Clifford Johnson

Copay : Insured ID Number : 508756293

Group Number:

Employer Name: Clifford Johnson

Copay:

Insured ID Number: 508756293

Group Number:

Employer Name: Clifford Johnson

Immunizations:

Clifford Johnson: Chief Complaint Patient Record Number:5456 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 10-June-2016

Chief Complaint Status: finalized

Follow up home visit for management of benign prostate hypertrophy, depression, hypertension, diabetes mellitus type 2, chronic kidney disease stage 4, seizure disorder, bipolar, neuropathy, peripheral vascular disease, schizophrenia, and gastroesophageal reflux disease. Patient continues to complain of foot pain.

History of Present illness:

HPI Status:Finalized

A 45-year-old African American male in no acute distress with multiple chronic conditions of benign prostate hypertrophy, depression, hypertension, diabetes mellitus type 2, chronic kidney disease stage 4, seizure disorder, bipolar, neuropathy, peripheral vascular disease, schizophrenia, and gastroesophageal reflux disease. Patient states he has been having foot pain in both feet. He states that it is like pins, needles and tingling. Patient rates pain 6/10. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-10	138	93	165.00	61.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

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CV:

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Murmur, Rubs, Gallops-Within Normal Limits .

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 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 laugh at this visit. The patient verbalize understanding of the above plans give them 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. Neuropathy, continue current plan.
- 2. Diabetes mellitus 2 with neuropathy, continue current plan.
- 3. Benign prostatic hypertrophy, continue current plan.
- 4. Chronic kidney disease stage-3, continue current plan.
- 5. Hypertension with vascular complications, continue current plan.
- 6. Bipolar follow-up with psychiatrist.
- 7. Gastroesophageal reflux disease, continue current plan.
- 8. Epilepsy, continue current plan.
- 9. Schizophrenia, follow-up with psychiatric.
- 10. Depression, follow-up with psychiatric.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
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	
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity (ICD10:l82.409 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:112.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar I disorder, most recent episode (or current) depressed, unspecified (ICD10:F31.30 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified) Unknown or N/A	Active	2015-10-01	
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	

Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS)

(ICD9:600.00 Hypertrophy (benign) of prostate without urinary obstruction and other lower active urinary tract symptom (LUTS))

Unknown or N/A

Epilepsy, unspecified, without mention of intractable epilepsy
(ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy)

Active
Unknown or N/A

Allergies:

Description	Status	Start Date	End Date	
phenobarbitol 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: Prosperity Health Services

Primary Justification Medical Conditions:

Hyperplasia,bipolar,Kidney_Disease,Depression,diabetes,Epilepsy,HTN,Schizophrenia

Additional Medical Conditions: GERD

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to mental illness and inability to self medicate currently. Patient has

mental illness which requires medication management and inventory.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to leave

home safely alone. Patient is too disoriented to leave home safely by himself.

Signed by (NP): 16

Signed On (NP): 2016-06-10 07:14 **Signed By (Physician):** 18

Signed on (Physician): 2016-06-17 07:14

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 from CCS Medical.	Active		
(ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled)			
Unknown or N/A			
Gloves			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
Thermometer Covers			
Unknown or N/A	Active		
by Dr. Sumana Ketha			

Procedure Order:

Patient ID	5456	Order ID	612
Patient Name	Johnson, Clifford	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-06-16.

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