Leon Williams: Patient Information

Patient Record Number: 3661

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: Leon D Williams External ID: 3661 **DOB**: 1985-04-24 Sex: Male **S.S.**: 463-06-6092 Marital Status: Single

Patient Drive Folder: 13527 Red Fern Lane this is the address patient will give wrong address

Address: 9797 Bruton Rd

City: Dallas State: Texas Postal Code: 75217 Country: USA

Mobile Phone: 214-931-8114 Street Address: 9797 Bruton Rd Apt/Suite/Other: Apt#1006

Past Medical History:

Last Recorded On: 12-04-2016. Risk Factors: Insomnia, Gout.

Additional Medical History: Weakness.

Family History:

Last Recorded On: 12-04-2016.

Father: Father with arthritis, HTN, Gout, CVA. Mother: Mother with HTN, diabetes.

Primary Family Med Conditions:

Last Recorded On: 12-04-2016.

Risk Factors: Gout.

Chronic Conditions: Hypertension, RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 12-04-2016.

Tobacco: Current every day smoker 1/2 ppd Status: Current

Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular.. Developmental History: Well..

Other History: Influenza in 2014 Pneumovax in 2014 PPD in 2014.

Tests and Exams:

Last Recorded On: 12-04-2016.

Insurance:

Medicare B Texas (SMTX0)

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

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date : 2015-04-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date : 2015-06-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date : 2001-01-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary
Start Date: 2015-06-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Insured ID Number: 463066092C1

Group Number:

Employer Name: Leon Williams

Copay : Insured ID Number : 500000023447

Group Number :

Employer Name : Leon Williams

Copay:

Insured ID Number: 500000023447

Group Number:

Employer Name: Leon Williams

Copay: Insured ID Number: 517000865

Group Number:

Employer Name : Leon Williams

Copay: Insured ID Number: 517000865

Group Number:

Employer Name : Leon Williams

Immunizations:

Leon Williams: Chief Complaint Patient Record Number:3661

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Seen by Sumana Ketha MD Seen on 01-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of anxiety, hypertension, post traumatic stress disorder, schizophrenia, chronic pain, diabetes-2, backache, constipation, genital herpes, lumbago, eczema herpeticum, urinary incontinence, and abnormal gait. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 31-year-old AA male in NAD with multiple chronic conditions of hypertension, diabetes, chronic pain, and anxiety. Patient has a history of chronic low back pain. Patient rates current pain 7/10 today and states he does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-09-01	117	89	205.00	70.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

th**gatalinga**ntunologic:

No. British British Roll

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Me Distriction

No Shaithigh Memtation Motion

No SpacedrBAppetite

No Bonystignaetissn

No Obstruction

Physical Exam:

Market Market Control of the Contro

ENSEMITIES:

RESIDENTAL MICHIGAN CONTROL OF THE PROPERTY OF

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET BY MOUTH			
EVERY DAY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-09-05	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A Active 2016-07-07 by Jones, Derrick - MJ3217331 Texas Physician House Calls Norco, 10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Active 2015-05-08 Unknown or N/A by ketha, Dr. sumana - BK6230281 Texas Physician House Calls Xanax ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 2015-05-08 Unknown or N/A Active by ketha, Dr sumana - BK6230281 Texas Physician House Calls Acyclovir, 200 MG CAPS, TAKE 1 CAPSULE DAILY AS NEEDED, Quantity: 30, Refill Quantity: 3 Active 2015-04-07 Unknown or N/A by ketha. Dr sumana - BK6230281 Sumana Ketha MDPA Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A Active 2015-04-07 by ketha. Dr sumana - BK6230281 Sumana Ketha MDPA

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Lumbago with chronic pain, continue current plan.
- $\hbox{2. Hypertension with vascular complications, continue current plan.}\\$
- ${\it 3. Posttraumatic stress disorder, continue current plan.}\\$
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Schizophrenia, continue current plan.
- 6. Constipation, continue current plan.
- 7. Genital herpes, continue current plan.
- 8. Eczema, continue current plan.
- $9. \ Urinary \ incontinence, \ continue \ current \ plan.$
- 10. Abnormal gait, continue to monitor.

Medication refills as follows:

Norco 10/325 mg t.i.d. Metroprolol 25 mg q.d. Alprazolam 1 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Gouty arthropathy, unspecified			
(ICD10:M10.00 Idiopathic gout, unspecified site)	Active	2015-10-01	
Unknown or N/A			
Eczema herpeticum			
(ICD10:B00.0 Eczema herpeticum)	Active	2015-10-01	
Unknown or N/A			
Renal colic			
(ICD10:N23 Unspecified renal colic)	Active	2015-10-01	
Unknown or N/A			

Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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
Genital herpes, unspecified (ICD10:A60.9 Anogenital herpesviral infection, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Posttraumatic stress disorder (ICD10:F43.10 Post-traumatic stress disorder, unspecified) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
hemorrhage 2012	Active		
Unknown or N/A	Active		
tumor on spine and brain 2013	Active		
Unknown or N/A	/ lotive		

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: diabetes, HTN, Schizophrenia

Additional Medical Conditions:

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 schizophrenia and inability to self medicate correctly. Certification Statement: Patient is home bound due to schizophrenia and chronic pain. Patient experiences confusion and is

unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-09-01 04:23

Signed By (Physician): 18

Signed on (Physician): 2016-09-08 04:23

Form_status: finalized

DME:

	Description	Status	Start Date	End Date
Pullups Med Unknown or N/A		Active		
Chux Unknown or N/A		Active		
Chux Unknown or N/A		Active		
Wipes Unknown or N/A		Active		
Pullups Large Unknown or N/A		Active		

Procedure Order:

Patient ID	3661	Order ID	981
Patient Name	Williams, Leon D	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-09-08.

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