

**Leon Williams: Patient Information**  
Patient Record Number:3661

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texas-housecalls.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:** 4341 Horizon N Pkwy  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75287  
**Country:** USA  
**Mobile Phone:** 214-931-8114  
**Street Address:** 4341 Horizon N Pkwy  
**Apt/Suite/Other:** APT#127

## Past Medical History:

**Last Recorded On:** 01-11-2017.  
**Risk Factors:** Insomnia,Gout.  
**Additional Medical History:** Weakness.

## Family History:

**Last Recorded On:** 01-11-2017.  
**Father:** Father with arthritis, hypertension, Gout, cerebrovascular accident..  
**Mother:** Mother with hypertension, diabetes.

## Primary Family Med Conditions:

**Last Recorded On:** 01-11-2017.  
**Risk Factors:** Gout.  
**Chronic Conditions:** Hypertension,RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

## Social History:

**Last Recorded On:** 01-11-2017.  
**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:** 01-11-2017.

## 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 :** Primary  
**Start Date :** 2017-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**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)

**Copay :**  
**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 :** 463066092C1  
**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

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

**Seen by** Sumana Ketha MD  
**Seen on** 01-December-2016

**Chief Complaint Status:**finalized

Followup 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 African-American male in no acute distress 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 chest pain, headache, or nausea/vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-01	112	79	207.00	70.00	97.40	16.00	~	29.7	0.00

**Review of Systems:**

**Constitutional:**

**General/Endocrine/Metabolic:**

No Unintentional Weight Change  
No Decreased Appetite  
No Increased Thirst  
No Increased Hunger  
No Change in Range of Motion  
No Change in Appetite  
No Constipation  
No Obstruction

**Physical Exam:**

**HEENT:**

ENT: Within Normal Limits .

**HEENT:**

ENT: Within Normal Limits .

**CV:**

ENT: Within Normal Limits .

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 by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05	

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

## 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. Hypertension with chronic pain, continue current plan.
2. Eczema, continue current plan.
3. Lumbago with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Post traumatic stress disorder, continue current plan.
6. Schizophrenia, continue current plan.
7. Constipation, continue current plan.
8. Genital herpes, 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.  
Metoprolol 25 mg q.d.  
Alprazolam 0.5 mg b.i.d.

## Medical Problem:

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

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:I10 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 Unknown or N/A	Active		
tumor on spine and brain 2013 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:** 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):** 2016-12-01 02:44**Signed By (Physician):** 18**Signed on (Physician):** 2016-12-08 02:44**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	1420
Patient Name	Williams, Leon D	Ordered By	Love-Jones, Derrick
Order Date	2017-01-12	Print Date	2017-01-12
Order Status	complete	Encounter Date	2017-01-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-12		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Sumana Ketha, MD** on **2016-12-08**.

Printed on 12-Jan-2017 21:52:56 pm.