

Dorothy Johnson: Patient Information
Patient Record Number:6123

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

Name: Dorothy M Johnson
External ID: 6123
DOB: 1945-06-14
Sex: Female
S.S.: 467685654
User Defined: Do not scheduled on Tue and Thur

Address: 3006 S Ewing Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 469-398-9761
Mobile Phone: 214-484-6661
Street Address: 3006 S Ewing Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-30-2016.
Father: Father is deceased with unknown cause..
Mother: Mother is deceased with unknown cause..
Siblings: None..
Offspring: Two children..

Social History:

Last Recorded On: 10-30-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drugs. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza taken 2015. .

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 467685654B
Group Number :
Employer Name : Dorothy Johnson

Immunizations:

Dorothy Johnson: Chief Complaint
Patient Record Number:6123

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Seen by Derrick Love-Jones
Seen on 14-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of diabetes type 2, hyperlipidemia, hypertension, osteoarthritis, heart disease, chronic pain syndrome, hemiplegia and congestive heart failure. Patient complain of right leg pain.

History of Present illness:

HPI Status:Finalized

Patient is a 71-year-old old female in NAD with multiple chronic conditions of diabetes, hyperlipidemia, hypertension, and congestive heart failure. Patient feet hurts when she walks. She has pain in right knee but does not want to take pain medication. She also have mild dementia. She denies chest pain, headache or nausea vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-14	183	85	195.00	64.00	98.20	16.00	~	33.5	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No ~~BLINDING~~ VERSIONS

Not a member of the family YES

Nebraska

No ~~Excluded~~ ~~Spill~~ Sewer

No Bloodline Unions

No Change in Appetite

Physical Exam:

SENT:

Stroke & Atrial Fibrillation: Do Not Assume Normal Limits.

MYSC:

Streptococci, WBCs, Normal Limit, Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

NEURO:

PMs/PAHs/EL/Coal No. 6/Mineral No. 1/Within Limits.

RECEIVED:

Supra-Tympanic Vein, Carotid Lint, Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

RAP-Within Normal Limits Good Mood-Within Normal Limits .

RESP:

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Insulin Syringe ,31G X 5/16" 0.5 ML MISC, USE AS DIRECTED, Quantity: 100, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-12
Aleve ,220 MG TABS, TAKE 1 TABLET ORAL BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
NovoLIN 70/30 ,(70-30) 100 UNIT/ML SUSP, SUSPENSION SUBCUTANEOUS BID 30 UNITS QAM AND 25 UNITS QPM, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
Simvastatin ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
CloNIDine HCl ,0.1 MG TABS, Take one tablet every 8 hours prn if systolic blood pressure greater than 180, Quantity: 120, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-18

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medication noted this visit. Medication adherence education was given to the patient and the 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 time. 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 stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Congestive heart failure with systolic complications, continue current plan.
3. Osteoarthritis with chronic pain, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Chronic pain syndrome, continue current pain medication.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-14	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-14	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-09-14	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-09-14	

Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-04-07
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-04-07
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-04-07
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-01
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-01
Diabetes mellitus due to underlying condition with diabetic polyneuropathy (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-04-01
Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side (ICD10:I69.054 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side) Unknown or N/A	Active	2016-04-01
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-04-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-04-07	

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: LG Charity Home Health

Primary Justification Medical Conditions: diabetes,Heart_Failure,HTN

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to multiple complex conditions and patient lack of know on how to manage the disease process and inability to self medicate.

Certification Statement: Patient is home bound due to dementia. Patient is unsafe to leave home due to changing mental status.

Signed by (NP): 16

Signed On (NP): 2016-09-14 05:25

Signed By (Physician): 18

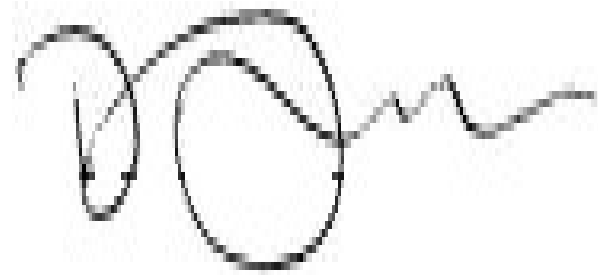
Signed on (Physician): 2016-09-21 05:25

Form_status: finalized

Procedure Order:

Patient ID	6123	Order ID	925
Patient Name	Johnson, Dorothy M	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	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-21**.

Printed on 30-Oct-2016 20:15:23 pm.