Charles Johnson: Patient Information

Patient Record Number:5590

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: Charles Johnson External ID: 5590 **DOB**: 1969-08-11 Sex: Male S.S.: 456-29-4426 Marital Status: Single

Patient Drive Folder: 0B0x_tbqdBDPhUWxlaUpmZFE4LUk

Address: 242 West Davis Street Apt #11

City: Dallas State: Texas Postal Code: 75208 Country: USA

Mobile Phone: 214-258-8240

Street Address: 242 West Davis Street

Apt/Suite/Other: 11

Family History:

Last Recorded On: 01-26-2017.

Mother: Mother with diabetes mellitus type 2 and stroke..

Spouse: Two children..

Other Family Relative: Grandmother with hypertension..

Primary Family Med Conditions:

Last Recorded On: 01-26-2017. Risk Factors: Unknown.

Chronic Conditions: Diabetes, Hypertension, Stroke / Transient Ischemic Attack.

Social History:

Last Recorded On: 01-26-2017.

Tobacco: Current every day smoker Smokes 1/2 pack of cigarette a day Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 01-26-2017.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 03/15/2014, at MetroStat, ordered

by Dr. Ketha.

CBC Complete Blood Count (3 months) Normal Done on 03/15/2014, at MetroStat, ordered by Dr.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 03/15/2014, at MetroStat,

ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary **Start Date**: 1997-12-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date : 2015-09-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date : 2015-11-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2016-12-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date : 2013-07-30 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority : Secondary Start Date: 2015-11-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 456294926A

Group Number :

Employer Name : Charles Johnson

Copay:

Insured ID Number: 500000020899

Group Number:

Employer Name : Charles Johnson

Copay:

Insured ID Number: 456294926A

Group Number:

Employer Name: Charles Johnson

Copay:

Insured ID Number: 8000880167289

Group Number:

Employer Name : Charles Johnson

Copay: **Insured ID Number**: 513547812

Group Number: Employer Name : Charles Johnson

Copay:

Insured ID Number: 513547812

Group Number :

Employer Name : Charles Johnson

Immunizations:

Charles Johnson: Chief Complaint

Patient Record Number:5590

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Seen by Sumana Ketha MD Seen on 06-December-2016

Chief Complaint Status: finalized

Followup home visit for management hypertension, diabetes mellitus type 2, asthma, hyperlipidemia, obesity, depression, bipolar, osteoarthritis, and joint pain. Patient complains of knee and hand pain.

History of Present illness:

HPI Status:Finalized

A 47-year-old African-American male in no acute distress with chronic conditions of asthma, chronic obstructive pulmonary disease, depression, diabetes mellitus type 2, hyperlipidemia, hypertension, osteoarthritis, and bipolar. Patient complains of hand pain since having surgery. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-12-06 | 154 | 98 | 215.00 | 68.00 | 97.40 | 16.00 | ~ | 32.7 | 0.00 |

Review of Systems:

Constitutional:

DOWN SYCENS Skiy 0

Me/al/

Satestin Of Urine

Nox Blighting Transappetite

No Blaining Indiana State Delivers the State of the State

Ned-Applicanticode prasarages Of EVSotion

No Bloomyddighd Countreent

No Obatelettess

No Use Of Dentures

Physical Exam:

EMITIES:

Light Halb Halb Britism (Beharde piorte a Brita Weittell in Neuszah Taut birmattses-Within Normal Limits. SEURO:

Płoweiolis gradds Lowelskiewia by Malhidolographia dheintis ovo intalin Librotsmal Limits.

Medication:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 3 | | | |
| Unknown or N/A | Active | 2016-08-18 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |
| MetFORMIN HCI ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 0 | | | |
| Unknown or N/A | Active | 2016-08-10 | |
| by ketha, Dr sumana - BK6230281 | | | |
| Texas Physician House Calls | | | |

MetFORMIN HCI ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2 Unknown or N/A Active 2015-04-21 by Jones, Derrick - MJ3217331 Texas Physician House Calls Metoprolol Tartrate, 50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 2 Active 2015-04-21 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls MetFORMIN HCI ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2 Active 2015-02-05 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 60, Refill Quantity: 2 Active 2015-02-05 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and 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 both saw, 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 as tolerated. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Asthma, continue current plan.
- 3. Diabetes mellitus 2 with neuropathy, continue current plan.
- 4. Hypertension with vascular complications, continue current plan.
- 5. Chronic pain syndrome, continue current OTC pain medication.
- 6. Depression, continue current plan.
- 7. Bipolar, continue current plan.
- 8. Hyperlipidemia, continue current plan.

Medication refills are as follows, Metoprolol 50 mg b.i.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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 | |
| Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) 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 | |
| Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 | |

| Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2015-10-01 |
|--|--------|------------|
| Pain in joint, site unspecified (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A | Active | 2015-10-01 |
| Aseptic necrosis of bone, other (ICD10:M87.08 Idiopathic aseptic necrosis of bone, other site) Unknown or N/A | Active | 2015-10-01 |
| Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 |
| 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 |
| Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Major depressive affective disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) 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 |
| Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A | Active | 2015-10-01 |
| Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Mixed hyperlipidemia (ICD9:272.2 Mixed hyperlipidemia) Unknown or N/A | Active | |
| Morbid obesity (ICD9:278.01 Morbid obesity) Unknown or N/A | Active | |

Allergies:

| | Description | Status | Start Date | End Date |
|----------------|-------------|--------|------------|----------|
| Penicillin | | Activo | | |
| Unknown or N/A | | Active | | |

Surgeries:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Right knee surgery Unknown or N/A | Active | | |
| Left arm ORIF Unknown or N/A | Active | | |
| Left shoulder surgery Unknown or N/A | Active | | |
| Left hand surgery 8 months ago on 11/2014 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: Odyssey II Home Health Care Inc

Primary Justification Medical Conditions: Asthma, Depression, diabetes, hyperlipidemia, HTN

Additional Medical Conditions: Obesity, joint pain.

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 bipolar, osteoarthritis, and inability to self medicate

currently.

Certification Statement: Patient is home bound due to osteoarthritis, and joint pain. Patient has unsteady painful ambulation

with extremely poor balance.

Signed by (NP): 16

Signed On (NP): 2016-12-06 03:53 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-13 03:53

Form_status: finalized

DME:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Glucometer | | | |
| (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) | Active | | |
| Unknown or N/A | | | |
| by Dr. Sumana Ketha | | | |

Procedure Order:

| Patient ID | 5590 | Order ID | 1429 |
|--------------|------------------|----------------|---------------------|
| Patient Name | Johnson, Charles | Ordered By | Love-Jones, Derrick |
| Order Date | 2017-01-28 | Print Date | 2017-01-28 |
| Order Status | complete | Encounter Date | 2017-01-28 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2017-01-28 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |



Electronically Signed by Sumana Ketha, MD on 2016-12-13.

Printed on 28-Jan-2017 18:34:25 pm.