

Irael Rodriguez: Patient Information
Patient Record Number:6086

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: Irael Rodriguez
External ID: 6086
DOB: 1936-04-13
Sex: Female
S.S.: 452581697
Marital Status: Widowed

Address: 2255 N Washington Ave
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Emergency Phone: 214-837-9236
Mobile Phone: 214-466-3030
Street Address: 2255 N Washington Ave
Apt/Suite/Other: Room#115

Family History:

Last Recorded On: 08-02-2016.
Father: Father died of house fire at young age..
Mother: Mother died of old age..
Siblings: Seven brothers (four died and three are alive). Eight sisters (four died and four are alive with complains of diabetes and hypertension). .
Offspring: Four girls (one died with colon cancer). Six boys (one died with gun shot wound)..

Social History:

Last Recorded On: 08-02-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza in 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1997-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 452581697A
Group Number :
Employer Name : Irael Rodriguez
Copay :
Insured ID Number : 452581697A
Group Number :
Employer Name : Irael Rodriguez
Copay :
Insured ID Number : 524495853
Group Number :
Employer Name : Irael Rodriguez

Immunizations:

Israel Rodriguez: Chief Complaint
Patient Record Number:6086

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Seen by Derrick Love-Jones
Seen on 26-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of chronic medical conditions such as hypertension, osteoarthritis, diabetes mellitus 2, gastroesophageal reflux disease, hyperlipidemia, peripheral vascular disease, chronic pain, chronic fatigue, and asthma. Patient complains of having dizzy spells.

History of Present illness:

HPI Status:Finalized

Patient is a 80-year-old Hispanic female, who uses a wheelchair due to mobility issues, in NAD with multiple chronic conditions including diabetes mellitus type 2, hypertension, peripheral vascular disease, osteoarthritis, and chronic pain. Patient states that for several days she has been having unexplained dizzy spells. Patient denies any other issues upon examination. Patient denies any hypoglycemia episodes recently and foot check revealed only the issues above. Patient denies chest pain, headache, nausea or vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-26	125	58	200.00	63.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Change
No Change In Energy
No Change In Sleep
No Change In Appetite
No Change In Hydration
No Change In Range Of Motion
No Change In Appetite

Physical Exam:

HEENT:

Head - Within Normal Limits .
Eyes - Within Normal Limits .
Ears - Within Normal Limits .
Nose - Within Normal Limits .
Throat - Within Normal Limits .

EXTREMITIES:

Strength - Within Normal Limits .
Reflexes - Within Normal Limits .
Sensation - Within Normal Limits .

CYMPH:

Cardiovascular - Within Normal Limits .

MUSC:

Strength - Within Normal Limits .

ROM - Within Normal Limits .

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 low salt, low-fat, low cholesterol diet with current medical condition. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision versus dollars but pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs need at 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. Hypertension with vascular complications, continue current plan.
2. Diabetes mellitus with neuropathy, continue current plan.
3. Neuropathy, continue current plan.
4. Asthma, continue current plan.
5. Coronary artery disease, continue current plan.
6. Peripheral vascular disease, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Cerebrovascular effects, continue to monitor.
9. Chronic pain syndrome, continue current pain medication.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-26	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-05-26	
Other transient cerebral ischemic attacks and related syndromes (ICD10:G45.8 Other transient cerebral ischemic attacks and related syndromes) Unknown or N/A	Active	2016-05-19	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-29	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-04-29	
Type 2 diabetes mellitus with other diabetic arthropathy (ICD10:E11.618 Type 2 diabetes mellitus with other diabetic arthropathy) Unknown or N/A	Active	2016-02-29	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-18	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-02-18	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-18	
Other specified diabetes mellitus with other diabetic arthropathy (ICD10:E13.618 Other specified diabetes mellitus with other diabetic arthropathy) Unknown or N/A	Active	2016-01-20	
Vitamin B12 deficiency anemia, unspecified (ICD10:D51.9 Vitamin B12 deficiency anemia, unspecified) Unknown or N/A	Active	2016-01-20	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-01-20	
Hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2016-01-20	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-01-20	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-01-14	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-01-14	

Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-01-14
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-01-14

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-01-14	

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: ME Home Health Agency

Primary Justification Medical Conditions: Asthma,diabetes,hyperlipidemia,HTN,Heart_Disease,Mobility_Impairments

Additional Medical Conditions: Chronic fatigue, chronic pain, insomnia, GERD, and PVD.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient requires home health care due to limited mobility, wheel chair bound, advanced age, and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to limited mobility, chronic pain, and the inability to self medicate directly.

Patient needs skilled nursing for the above.

Signed by (NP): 16

Signed On (NP): 2016-07-26 04:51

Signed By (Physician): 18

Signed on (Physician): 2016-07-31 04:51

Form_status: finalized

Procedure Order:

Patient ID	6086	Order ID	767
Patient Name	Rodriguez, Israel	Ordered By	Love-Jones, Derrick
Order Date	2016-08-16	Print Date	2016-08-16
Order Status	complete	Encounter Date	2016-08-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-16		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

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