

**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  
**genericval1:** Home#469-206-6845  
**genericname2:** #214-881-4148  
**Patient Drive Folder:** 0B0x\_tbqdBDPhZzZoTi1YUFlxaTA

**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:** 02-03-2017.  
**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:** 02-03-2017.  
**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:**

**Irael Rodriguez: Chief Complaint**  
Patient Record Number:6086

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**Seen by** Derrick Love-Jones  
**Seen on** 21-December-2016

**Chief Complaint Status:**finalized

Followup 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 coughing and chest congestion x 2 weeks.

## History of Present illness:

**HPI Status:**Finalized

Patient is an 80-year-old Hispanic female, who uses a wheelchair due to mobility issues, in no acute distress with multiple chronic conditions including diabetes mellitus type 2, hypertension, peripheral vascular disease, osteoarthritis, and chronic pain. Patient states that for the last 2 weeks she has had coughing and chest congestion with no relief. Patient also has edema in her feet that is an ongoing issue due to not keeping her lower extremities elevated. 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
2016-12-21	100	57	205.00	63.00	97.40	16.00	~	36.3	0.00

## Review of Systems:

**Constitutional:**

**General/Physical:**

No weight loss/gain  
No fever/chills  
No night sweats  
No fatigue  
No change in appetite  
No change in range of motion  
No change in energy

## Physical Exam:

**HEENT:**

Head: No tenderness or swelling. Eyes: No redness or discharge. Ears: No tenderness or discharge. Nose: No tenderness or discharge. Throat: No tenderness or discharge.

**EXTRINSIC:**

Extremities: No tenderness or swelling. Skin: No rashes or lesions. Nails: No tenderness or discharge.

**CYMPH:**

Cardiovascular: No tenderness or swelling. Lungs: No tenderness or discharge.

**MUSC:**

Muscles: No tenderness or swelling. Bones: No tenderness or discharge.

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, and systolic blood 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Pharyngitis, start PCN V 260 mg q.i.d. x 14 days.
2. Osteoarthritis with chronic pain, continue current plan.
3. Asthma, continue current plan.
4. Chronic pain syndrome, continue current pain medications.
5. Diabetes mellitus type 2 with neuropathy, continue current plan.
6. Hypertension with vascular complications, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Coronary artery disease, continue current plan.
9. Peripheral vascular disease, continue current plan.
10. Edema of lower extremities, continue current plan.

Medication refills as follows,

Lasix 40 mg q.d.

Tramadol 50 mg t.i.d.

Naproxen 500 mg t.i.d.

Calcium 500 mg w/D 500 mg.

Simvastatin 40 mg.

Metolazone 2.5 mg MWF only.

Felodipine 10 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-21	
Acute pharyngitis, unspecified ( ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-12-21	
Unspecified urinary incontinence ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-09-28	
Encounter for general adult medical examination without abnormal findings ( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-09-21	
Localized edema ( ICD10:R60.0 Localized edema) Unknown or N/A	Active	2016-08-16	
Laceration without foreign body of right great toe without damage to nail, initial encounter ( ICD10:S91.111A Laceration without foreign body of right great toe without damage to nail, initial encounter) Unknown or N/A	Active	2016-07-18	
Moderate persistent asthma, uncomplicated ( ICD10:J45.40 Moderate persistent asthma, uncomplicated) Unknown or N/A	Active	2016-07-18	
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):** 2016-12-21 03:59

**Signed By (Physician):** 18

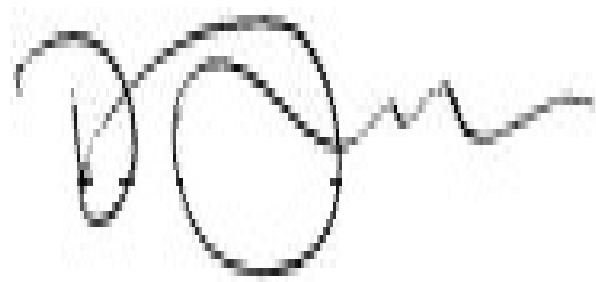
**Signed on (Physician):** 2016-12-28 03:59

**Form\_status:** finalized

## Procedure Order:

Patient ID	6086	Order ID	1579
Patient Name	Rodriguez, Israel	Ordered By	Love-Jones, Derrick
Order Date	2017-02-04	Print Date	2017-02-04
Order Status	complete	Encounter Date	2017-02-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-02-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-28**.

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