Mauricio Arredondo: Patient Information

Patient Record Number: 1451

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: Mauricio Arredondo

External ID: 1451
DOB: 1961-01-18
Sex: Male
S.S.: 466-37-3488
Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5bV9SWWRlbmk4TWs

Address: 839 Morris Street

City: Dallas State: Texas Postal Code: 75212 Country: USA

Mobile Phone: 214-207-0291

User Email: lovato-family-6@hotmail.com **Street Address:** 839 Morris Street

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 12-24-2016.

Risk Factors: GERD.

Family History:

Last Recorded On: 12-24-2016.

Mother: Mother has history of cancer..

Siblings: Sister has history of cancer..

Other Family Relative: Aunt has history of cancer..

Social History:

Last Recorded On: 12-24-2016.

Tobacco: Current every day smoker Two cigarettes per day Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet.. Developmental History: Well..

Tests and Exams:

Last Recorded On: 12-24-2016.

Vitamin D (6 mo if on pills) Normal Done on 04/18/2016 at Schryrver Medical Laboratory, Ordered by

Dr. Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 04/18/2016 at Schryrver Medical Laboratory,

Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 04/18/2016 at Schryrver Medical

Laboratory, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 04/18/2016 at Schryrver Medical

Laboratory, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 04/18/2016 at Schryrver

Medical Laboratory, Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 04/18/2016 at Schryrver Medical Laboratory, Ordered by Dr. Ketha.

Insurance:

Superior Health Plan Texas (39188)

Priority: Primary **Start Date**: 2011-02-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay : Insured ID Number : 506634957

Group Number :

Employer Name: Mauricio Arredondo

Immunizations:

Mauricio Arredondo: Chief Complaint

Patient Record Number: 1451

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Seen by Sumana Ketha MD Seen on 16-November-2016

Chief Complaint Status: finalized

Follow up home visit for management of hypertension, hypothyroidism, pressure ulcer, dementia, tobacco use, gastroesophageal reflux disease, diabetes-2, difficulty walking, mental retardation, rickets, abnormality of gait, chronic pain, polyneuropathy, vitamind deficiency, and orthostatic hypertension. Patient complains of bilateral knee pain.

History of Present illness:

HPI Status:Finalized

Patient is a 55-year-old Hispanic male in NAD with multiple chronic conditions of the following: hypertension, hypothyroidism, pressure ulcer, dementia, tobacco use, gastroesophageal reflux disease, diabetes-2, difficulty walking, mental retardation, rickets, abnormality of gait, chronic pain, polyneuropathy, vitamin-d deficiency, and orthostatic hypertension. Patient c/o of knee pain and back pain that is chronic. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-11-16	131	80	150.00	69.00	97.60	16.00	~	22.1	0.00

Review of Systems:

Constitutional:

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No Appostraction

No Bleeding Gums

No Hoarseness

No Use Of Dentures

Physical Exam:

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EXECUTEDMITIES:

Alfabritation of the light of t

CV:

RECENTIFICATIVE CONTROL LIMITS .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date	
TraMADol HCI ,50 MG TABS, Take 1 Tablet By Mouth Every 8 Hours As Needed For Pain, Quantity: 90, Refill Quantity: 0				
Unknown or N/A	Active	2015-05-18		
by Jones, Derrick - MJ3217331				
Texas Physician House Calls				

Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A Active 2015-04-23 by Jones, Derrick - MJ3217331 Texas Physician House Calls Levothyroxine Sodium ,75 MCG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 2 Active 2015-01-05 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 2015-01-05 Unknown or N/A Active by Jones, Derrick - MJ3217331 Texas Physician House Calls Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Active 2014-11-04 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 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. No labs needed 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 stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Neuropathy, continue current plan.
- 2. Diabetes mellitus type 2 with neuropathy, continue current plan.
- 3. Gastroesophageal reflux disease, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Osteoarthritis with chronic pain, continue current plan.
- 6. Hypertension with vascular complications, continue current plan.
- 7. Vitamin D deficiency, continue current plan.
- 8. Hypothyroidism, continue current plan.
- 9. Dementia, continue current plan.
- 10. Mental retardation, continue to monitor.
- 11. Abnormal gait, continue to monitor.
- 12. Urinary incontinence, continue current plan.

Medication refills as follows: Tramadol 50 mg t.i.d. Lisinopril 10 mg q.d. Vitamin D 50,000 q weekly. Vitamin D 50,000 1 tab q. weekly Tramadol 50 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain			
(ICD10:M54.5 Low back pain)	Active	2016-08-31	
Unknown or N/A			
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity			
(ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)	Active	2016-08-31	
Unknown or N/A			
Other disorders of peripheral nervous system			
(ICD10:G64 Other disorders of peripheral nervous system)	Active	2016-08-31	
Unknown or N/A			

Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-06-21
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-11-18
Thyrotoxicosis, unspecified without thyrotoxic crisis or storm (ICD10:E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm) Unknown or N/A	Active	2015-10-15
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2015-10-01
Pressure ulcer, lower back (ICD10:L89.139 Pressure ulcer of right lower back, unspecified stage) (ICD10:L89.149 Pressure ulcer of left lower back, unspecified stage) (ICD10:L89.159 Pressure ulcer of sacral region, unspecified stage) Unknown or N/A	Active	2015-10-01
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) 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
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Pain in limb (ICD10:M79.609 Pain in unspecified limb) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Unspecified mental retardation (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A	Active	2015-10-01
Rickets, active (ICD10:E55.0 Rickets, active) 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
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) 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
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified)	Active	2015-10-01

Idiopathic progressive polyneuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2015-10-01
Orthostatic hypotension (ICD10:I95.1 Orthostatic hypotension) 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

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies.	Active			
Unknown or N/A	Houve			

Surgeries:

Description	Status	Start Date	End Date
MVC and left foot surgery Unknown or N/A	Active		
Anoxic brain injury Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31

Primary Justification Medical Conditions: Hypothyroidism, diabetes, HTN

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No skilled nursing needed due to care provided by family

Signed by (NP): 16

Signed On (NP): 2016-11-16 02:35 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-23 02:35

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Urinary incontinence, unspecified ordered patient incontinence supplies through Longhorn Health Solutions (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		
Urinary incontinence, unspecified ordered a male urinal through Longhorn DME (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

Procedure Order:

Patient ID	1451	Order ID	1177
Patient Name	Arredondo, Mauricio	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25

Lab .HH Agency Specimen Type>

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry						•					



Electronically Signed by Sumana Ketha, MD on 2016-11-23.

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