

Gillermo Arredondo: Patient Information
Patient Record Number:1452

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: Guillermo Arredondo
External ID: 1452
DOB: 1957-11-21
Sex: Male
S.S.: 455-25-8840
Marital Status: Single
User Defined: Only to Drick

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

Family History:

Last Recorded On: 01-07-2017.
Father: Father has hypertension..
Mother: Mother has hypertension and diabetes, and history of cancer..
Siblings: Sister has history of cancer..
Other Family Relative: Aunt has history of cancer..

Social History:

Last Recorded On: 01-07-2017.
Tobacco: 3-4 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 01-07-2017.
Vitamin D (6 mo if on pills) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
LIPIDS (once year unless chol meds) Normal Done on 04/18/2016 at Schryver 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 : 513430987
Group Number :
Employer Name : Gillermo Arredondo

Immunizations:

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Followup home visit for management of osteoarthritis, chronic pain, anxiety, depression, asthma, tobacco use, lack of coordination, urinary incontinence, dementia, constipation, mental retardation, difficulty walking, bipolar, diabetes-2, and hemorrhoids. Patient complains of bilateral knee pain.

Patient is a 58-year-old Hispanic male in no acute distress with multiple chronic conditions of chronic pain, diabetes-2, asthma, and osteoarthritis. Patient complains of bilateral knee pain that is chronic and he has had for many years. Patient rates his current pain at 6/10 and states he does get relief from current pain medication. No other issues noted upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-22	122	75	175.00	67.00	97.60	16.00	~	27.4	0.00

No Use Of Dentures
No Boatswains
No Bleeding Gums
No Spraying A Part Of Motion
No Empty Mouth Mentation
No Blowing Urine
No Use Of Bath
No Filling Eyes
No Vision

Description	Status	Start Date	End Date
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-18	

HydrOXYzine HCl ,25 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-03
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-04
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-09-18
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-08-19

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue 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. 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 with the patient. Followup home visit in 2-3 weeks.

OA w/chronic pain continue current plan
Bipolar continue current plan
Depression continue current plan
Chronic Pain Syndrome continue current pain medication
DM2 w/neuropathy continue current plan
Asthma continue current plan
Dementia continue to monitor
Anxiety continue current plan
Urinary Incontinence continue current plan
Constipation continue current plan
Mental Retardation continue to monitor
Lack of Coordination continue to monitor

Medication refills as follows: Tramadol 50 mg t.i.d.
Vit D 50,000 q weekly
Hydralazine

Medical Problem:

Description	Status	Start Date	End Date
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	2016-08-31	

Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) 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
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Malignant neoplasm of urinary organ, site unspecified (ICD10:C68.9 Malignant neoplasm of urinary organ, 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
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Internal hemorrhoids without mention of complication (ICD10:K64.8 Other hemorrhoids) 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
Pain in limb (ICD10:M79.609 Pain in unspecified limb) Unknown or N/A	Active	2015-10-01
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified mental retardation (ICD10:F79 Unspecified intellectual disabilities) 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
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, 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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01

Other persistent mental disorders due to conditions classified elsewhere (ICD10:F06.8 Other specified mental disorders due to known physiological condition) 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) Unknown or N/A	Active	2015-10-01
Reflex sympathetic dystrophy of the upper limb (ICD10:G90.519 Complex regional pain syndrome I of unspecified upper limb) Unknown or N/A	Active	2015-10-01
Generalized hyperhidrosis (ICD10:R61 Generalized hyperhidrosis) 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 Unknown or N/A	Active	2015-02-05	

Surgeries:

Description	Status	Start Date	End Date
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: Asthma,bipolar,Depression,diabetes

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed due to family caring for patient.

Certification Statement: No SN needed at this time

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		
Osteoarthritis, localized, primary, lower leg ordered manual wheelchair from Longhorn Health Solution due to mobility limitations. (ICD9:715.16 Osteoarthritis, localized, primary, lower leg) (ICD9:493.90 Asthma, unspecified type, unspecified) Unknown or N/A	Active		