

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: 12-24-2016.
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: 12-24-2016.
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:

Iraiel Rodriguez: Chief Complaint
Patient Record Number:6086

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Seen by Derrick Love-Jones
Seen on 14-November-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 lower back pain and leg pain.

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 several days she has been having lower back pain and leg pain. Patient has edema in her feet that is an ongoing issue due to her not keeping 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
2016-11-14	165	59	204.00	63.00	97.40	16.00	~	36.1	0.00

Review of Systems:

Constitutional:

[illegible]

Non-Binary Gender Identities

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No ~~any~~ MEDICAL web

Not Dismissed Securities

No Biting or Scratching

Nonlimiting Range Of Motion

No Change In Appetite

Physical Exam:

5月19日

Overall Results: All Parameters Within Normal Limits.

EXTREMITIES:

STANDARD OF CARE: A PERSON MUST BE ABLE TO MEET THE MINIMUM NECESSARY LIMITS.

CYMPH:

Recovery Normal Limits)-Within Normal Limits .

MUSC:

Blue-moth-Ribbs-Gallops-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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Asthma, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.
7. Edema of lower extremities, continue current plan and educate the patient to elevate her leg.
8. Coronary artery disease, continue current plan.
9. Peripheral vascular disease, 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
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): 2016-11-14 03:38

Signed By (Physician): 18

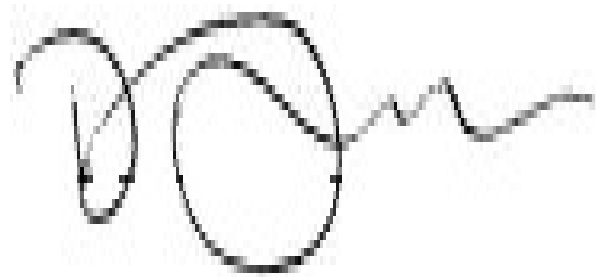
Signed on (Physician): 2016-11-21 03:38

Form_status: finalized

Procedure Order:

Patient ID	6086	Order ID	1155
Patient Name	Rodríguez, Israel	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 **Derrick Love-Jones** on **2016-11-21**.

Printed on 25-Dec-2016 12:34:12 pm.