

**Jose Diaz: Patient Information**  
Patient Record Number:6310

**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:** Jose Diaz  
**External ID:** 6310  
**DOB:** 1930-03-21  
**Sex:** Male  
**S.S.:** 545-99-6073  
**Marital Status:** Widowed

**Address:** 2240 Utica Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75227  
**Country:** USA  
**Emergency Phone:** 214-552-3000  
**Home Phone:** 214-554-5037  
**Mobile Phone:** 214-554-7833  
**Street Address:** 2240 Utica Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-04-2016.  
**Father:** Father deceased..  
**Mother:** Mother deceased..  
**Siblings:** All deceased..  
**Spouse:** Wife had colon cancer..  
**Offspring:** Three girls and four boys. One girl and one boy died..  
**Other Family Relative:** No immunizations..

## Social History:

**Last Recorded On:** 12-04-2016.  
**Tobacco:** No tobacco use. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular. .  
**Developmental History:** Well..

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority :** Primary  
**Start Date :** 2016-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 500000031538  
**Group Number :**  
**Employer Name :** Jose Diaz

**Immunizations:**

**Jose Diaz: Chief Complaint**  
Patient Record Number:6310

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**Seen by** Sumana Ketha MD  
**Seen on** 11-October-2016

**Chief Complaint Status:**finalized

Follow up on visit to prevent further define of the following chronic medical conditions of hypertension, asthma, abnormal gait, chronic pain, and urinary incontinence. Patient complains of cough with yellowish/greenish phlegm x 10-12 days.

**History of Present illness:**

**HPI Status:**Finalized

Patient is an 86-year-old Hispanic male in NAD with multiple chronic conditions of the following hypertension, asthma, abnormal gait, chronic pain, and urinary incontinence. Patient speaks very little English, but daughter was there to translate. Patient informed me that he has been coughing and producing yellowish/greenish phlegm for several days. He states that he has a stuffy nose and a sore throat also. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-11	175	92	0.00	0.00	98.20	16.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 175 lbs. **Height** 5'10"  
**No** fevers  
**No** chills  
**No** night sweats  
**No** anorexia  
**No** weight loss  
**No** fatigue  
**No** dizziness  
**No** lightheadedness  
**No** syncope  
**No** orthostatic hypotension  
**No** tremors  
**No** tics  
**No** abnormal movements  
**No** abnormal postures

**Physical Exam:**

**ENT:**

**ENT** Within Normal Limits .

**HEENT:**

**HEENT** Within Normal Limits .

**NEURO:**

**NEURO** Within Normal Limits .

**RESP:**

**RESP** Within Normal Limits .

**SKIN:**

**SKIN** Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
InnoSpire Deluxe Nebulizer , MISC, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-25	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Penicillin V Potassium ,250 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY FOR 10 DAYS, Quantity: 20, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Promethazine-DM ,6.25-15 MG/5ML SYRP, GIVE 5ML EVERY 6 HOURS, Quantity: 473, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11

## Plan Note:

### Plan Note Status:Finalized

Start PCN V 250 mg b.i.d. x 10 days for pharyngitis. Continue same treatment plan for remaining diagnosis. Reviewed and continue same medications, no new medications noted. Medication adherence education was given to the patient and the patient educated on the benefits of low-salt, low-fat, low cholesterol diet current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to get out of bed and exercise daily as tolerated. No labs needed this visit. The patient and caregiver verbalized understanding of the above plan I 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 250 mg b.i.d. x 10 days.
2. Hypertension, continue current plan.
3. Asthma, continue current plan.
4. Urinary incontinence, continue current plan.
5. Abnormal gait, continue to monitor.
6. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

PCN V 250 mg b.i.d. x 10 days.  
Albuterol Nebulizer 0.083% q6. hs  
Promethazine DM 5 mL q4-6 hs daily.

## Medical Problem:

Description	Status	Start Date	End Date
Acute pharyngitis, unspecified ( ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-10-11	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-10-11	
Unspecified urinary incontinence ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-10-04	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-10-04	
Difficulty in walking, not elsewhere classified ( ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2016-10-04	
Unspecified fall, sequela ( ICD10:W19.XXXS Unspecified fall, sequela) Unknown or N/A	Active	2016-10-04	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Right hip surgery in 2013. Unknown or N/A	Active		
Left hip surgery in 2015. 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:** YES

**Is House Visit Needed:** NO

**Next Visit Duration (in days):** 31

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** No SN needed.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-11 02:37

**Signed By (Physician):** 18

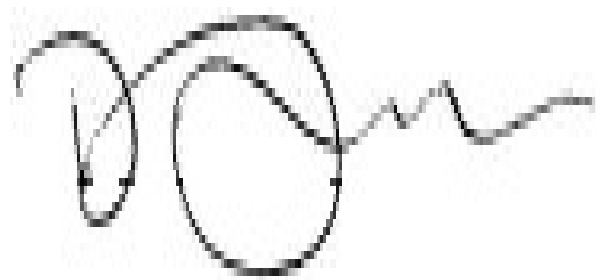
**Signed on (Physician):** 2016-10-18 02:37

**Form\_status:** finalized

## Procedure Order:

Patient ID	6310	Order ID	1018
Patient Name	Diaz, Jose	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-18**.

Printed on 04-Dec-2016 21:07:35 pm.