

**Isabel Martinez: Patient Information**  
Patient Record Number:6188

**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:** Isabel Martinez  
**External ID:** 6188  
**DOB:** 1952-03-22  
**Sex:** Female  
**S.S.:** 450966604  
**User Defined:** 214-434-9969

**Address:** 229 STONEPORT DR  
**City:** DALLAS  
**State:** Texas  
**Postal Code:** 75217  
**Country:** USA  
**Home Phone:** 214-317-6212  
**Mobile Phone:** 214-434-9969  
**Street Address:** 229 STONEPORT DR  
**Apt/Suite/Other:** 153 Gate Code Is 1111

## Family History:

**Last Recorded On:** 08-08-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 08-08-2016.  
**Tobacco:** Never smoker 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 November 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2012-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 450966604A  
**Group Number :**  
**Employer Name :** Isabel Martinez  
**Copay :**  
**Insured ID Number :** 505865935  
**Group Number :**  
**Employer Name :** Isabel Martinez

**Immunizations:**

**Isabel Martinez: Chief Complaint**  
Patient Record Number:6188

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**Seen by** Derrick Love-Jones  
**Seen on** 19-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of diabetes mellitus type-2 with neuropathy, hyperlipidemia, allergic rhinitis, hypertension with vascular complications. Patient complains of feet pain.

## History of Present illness:

**HPI Status:**Finalized

A 64-year-old female in NAD multiple chronic conditions of the following diabetes mellitus type 2 with neuropathy, hypertension with vascular complications, hyperlipidemia, allergic rhinitis and neuropathy. Patient states that she has been having foot pain that comes and goes for several weeks. Patient rates foot pain at 6/10. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and foot check revealed no other issues. Patient denies any chest pain, headache or nausea vomiting at this time. Reviewed medications. Reviewed labs.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-19	118	77	209.00	59.00	97.60	20.00	~	42.2	0.00

## Review of Systems:

**Constitutional:**

**General:**

No Weight Loss  
No Fever  
No Night Sweats  
No Anorexia  
No Change in Appetite  
No Change in Bowel Habits  
No Diarrhea  
No Constipation

## Physical Exam:

**HEENT:**

Speech: Normal, No Hoarseness, No Stridor, No Dysphagia, No Odynophagia, No Oral Lesions, No Nasal Turbinate.

**ENT:**

No Tachypnea, No Stridor, No Dysphagia, No Odynophagia, No Oral Lesions, No Nasal Turbinate.

**CVSC:**

No Tachypnea, No Stridor, No Dysphagia, No Odynophagia, No Oral Lesions, No Nasal Turbinate.

No Tachypnea, No Stridor, No Dysphagia, No Odynophagia, No Oral Lesions, No Nasal Turbinate.

## Plan Note:

**Plan Note Status:**Finalized

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Hyperlipidemia, check lipids frequently.
4. Allergic rhinitis, continue current plan.
5. Neuropathy, continue current plan.
6. Medication refills as follows: Clopidogrel 75 mg q.d.
7. Medication adherence was given to the patient. Continue treatment as planned.
8. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.

9. Reviewed old records of the patient.  
10. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-19	
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	2016-07-19	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-07-19	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-19	
Acute nasopharyngitis [common cold] ( ICD10:J00 Acute nasopharyngitis [common cold]) Unknown or N/A	Active	2016-07-19	
Allergic rhinitis, unspecified ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-07-19	

Allergies:

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

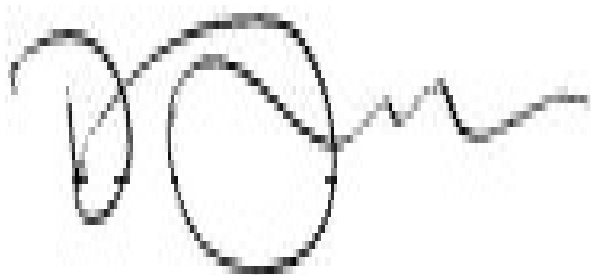
Face to Face HH Plan:

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: NO  
Next Visit Duration (in days): 31  
Nursing Required: NO  
Clinical Findings To Justify Home Health: No SN needed.  
Signed by (NP): 16  
Signed On (NP): 2016-07-19 04:50  
Signed By (Physician): 18  
Signed on (Physician): 2016-07-25 04:50  
Form\_status: finalized

Procedure Order:

Patient ID	6188	Order ID	733
Patient Name	Martinez, Isabel	Ordered By	Love-Jones, Derrick
Order Date	2016-09-11	Print Date	2016-09-11
Order Status	complete	Encounter Date	2016-09-11
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-11		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-07-25**.

Printed on 11-Sep-2016 15:12:21 pm.