

Clara Cantu: Patient Information
Patient Record Number:5901

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: Clara Cantu

External ID: 5901

DOB: 1964-10-04

Sex: Female

Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCX3VacnFza3FNdzA

Address: 1883 West Mockingbird Lane #4107

City: Dallas

State: Texas

Postal Code: 75235

Country: USA

Home Phone: 214-881-4944

Mobile Phone: 214-929-5122

Street Address: 1883 West Mockingbird Lane

Apt/Suite/Other: 4107

Family History:

Last Recorded On: 08-11-2016.

Father: Hypertension, diabetes, myocardial infarction, CVD, CAD,.

Mother: Emphysema, diabetes, osteoporosis,.

Siblings: Sister had leukemia..

Other Family Relative: Grandmother had liver cancer..

Primary Family Med Conditions:

Last Recorded On: 08-11-2016.

Chronic Conditions: Acute Myocardial Infarction,Diabetes,Hypertension,Ischemic Heart Disease,Osteoporosis.

Social History:

Last Recorded On: 08-11-2016.

Tobacco: Current some day smoker One packet per week. **Status:** Current

Alcohol: Drinks occasionally. **Status:** Current

Recreational Drugs: No drug use **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Other History: Education level is graduate..

Tests and Exams:

Last Recorded On: 08-11-2016.

Mammogram (>40yrs, Yearly) N/A Done on 2014.

Sigmoid/Colonoscopy N/A Done on 2013.

Bone Density N/A Done on 2013.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2013-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 522408178
Group Number :
Employer Name : Clara Cantu

Immunizations:

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Description	Status	Start Date	End Date
Citalopram Hydrobromide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-05-24	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Fenofibrate ,145 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-24
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, 10 units am 10 units pm, Quantity: 18, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-24
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, 10 units am 10 units pm, Quantity: 18, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-13
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-11
Zithromax Z-Pak ,250 MG TABS, TAKE 2 TABLETS ON DAY 1 THEN TAKE 1 TABLET A DAY FOR 4 DAYS, Quantity: 6, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
MetFORMIN HCl ,1000 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-10
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	2016-02-10
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
Citalopram Hydrobromide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
Lantus SoloStar ,100 UNIT/ML SOPN, Inject 35 Units IN THE MORNING, Quantity: 15, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
Citalopram Hydrobromide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-02
Lantus SoloStar ,100 UNIT/ML SOPN, Inject 35 Units IN THE MORNING, Quantity: 15, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-02

Fenofibrate ,145 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16
Lyrica ,150 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16
MetFORMIN HCl ,1000 MG TABS, Once a day, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, 30 units am 30 units pm, Quantity: 18, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16
Phentermine HCl ,37.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-06-16

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue PT/OT.
2. Diabetes mellitus 2 with neuropathy, monitor HbA1c.
3. Gastroesophageal reflux disease, continue medications.
4. Chronic pain syndrome, continue medications.
5. Bipolar disorder, stable.
6. Anxiety, continue medications.
7. Depression, stable.
8. Neuropathy, stable on medications.
9. Vitamin D deficiency, on supplements.
10. Medication refills as follows; Norco 10/325 mg t.i.d., Vitamin D 50,000, Nexium 40 mg q.d., Lyrica 150 mg q.d., Fenofibrate 145 mg q.d., Metformin 500 mg b.i.d., Citalopram 40 mg q.d., Novolog 70/30 10 units am and 10 units p.m.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-02-09	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-01-06	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-01-06	

Polyneuropathy, unspecified (ICD10:G62.9 Polyneuropathy, unspecified) Unknown or N/A	Active	2015-12-01
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-28
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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Carbuncle and furuncle of unspecified site (ICD10:L02.92 Furuncle, unspecified) (ICD10:L02.93 Carbuncle, unspecified) Unknown or N/A	Active	2015-10-01
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) 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

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-08-18	

Surgeries:

Description	Status	Start Date	End Date
Tubal Ligation Unknown or N/A	Active	2015-08-17	
Knee Surgery in 1986 Unknown or N/A	Active	2015-08-17	
Tonsillectomy Unknown or N/A	Active	2015-08-17	
Hospitalized on Bay Area Corpus Christi Unknown or N/A	Active	2015-08-17	

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

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-07-27 05:50

Signed By (Physician): 18

Signed on (Physician): 2016-08-01 05:50

Form_status: finalized

Procedure Order:

Patient ID	5901	Order ID	774
Patient Name	Cantu, Clara	Ordered By	Love-Jones, Derrick
Order Date	2016-09-02	Print Date	2016-09-02
Order Status	complete	Encounter Date	2016-09-02
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-02		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-08-04**.

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