

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
Patient Drive Folder: 0B0x_t bqdBPhNWZKVjh3SFhnV3c

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: 02-11-2017.
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: 02-11-2017.
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)
Priority : Secondary
Start Date : 2016-01-06
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000031538
Group Number :
Employer Name : Jose Diaz
Copay :
Insured ID Number : 523310641
Group Number :
Employer Name :

Immunizations:

Jose Diaz: Chief Complaint
Patient Record Number:6310

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Seen by Sumana Ketha MD
Seen on 01-December-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of the following chronic medical conditions of hypertension, asthma, abnormal gait, chronic pain, and urinary incontinence. Patient complains of hip pain.

History of Present illness:

HPI Status:Finalized

Patient is an 86-year-old Hispanic male in no acute distress 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 hip pain which is chronic and not due to trauma. 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
2016-12-01	113	62	0.00	0.00	97.60	14.00	~	0.0	0.00

Review of Systems:

Constitutional:

General: No acute distress
Weight: No weight loss
Appetite: No change in appetite
Energy: No change in energy
Stress: No change in stress
Sleep: No change in sleep
Exercise: No change in exercise
Temperature: No change in temperature
Heart rate: No change in heart rate
Respiratory: No change in respiratory
Neurological: No change in neurological
Musculoskeletal: No change in musculoskeletal
Endocrine: No change in endocrine
Immune: No change in immune
Reproductive: No change in reproductive
Genitourinary: No change in genitourinary
Integumentary: No change in integumentary

Physical Exam:

ENT:

ENT: Within Normal Limits .

HEENT:

HEENT: Within Normal Limits .

NEURO:

NEURO: Within Normal Limits .

RESP:

RESP: Within Normal Limits .

CV:

CV: Within Normal Limits .

GI:

GI: Within Normal Limits .

MSK:

MSK: Within Normal Limits .

DERM:

DERM: Within Normal Limits .

OC:

OC: Within Normal Limits .

ENT:

ENT: Within Normal Limits .

HEENT:

HEENT: Within Normal Limits .

NEURO:

NEURO: Within Normal Limits .

RESP:

RESP: Within Normal Limits .

CV:

CV: Within Normal Limits .

GI:

GI: Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Cartia XT ,120 MG CP24, TAKE 1 CAPSULE ONCE DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-12-04	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

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

Continue same treatment plan as previous. 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. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Asthma, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Urinary incontinence, continue current plan.
6. Abnormal gait, continue current plan.

Medication refills as follows,

Cartia XT 120 mg q.d.

Albuterol nebulizer 0.083% q.6.h.

Promethazine DM 5 mL q.4-6 hs daily.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-12-01	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-12-01	
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	2016-12-01	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-01	
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): 2016-12-01 02:34

Signed By (Physician): 18

Signed on (Physician): 2016-12-08 02:34

Form_status: finalized

Procedure Order:

Patient ID	6310	Order ID	1401
Patient Name	Diaz, Jose	Ordered By	Love-Jones, Derrick
Order Date	2016-12-01 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-01 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-12-08**.

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