

**Guadalupe Luna: Patient Information**  
Patient Record Number:1245

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texashousecalls.com

**Name:** Guadalupe Luna  
**External ID:** 1245  
**DOB:** 1931-09-30  
**Sex:** Male  
**S.S.:** 457-04-2557  
**Marital Status:** Single  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5VGktb3BPTIIRbFk>

**Address:** 213 W Woodin Boulevard  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75224  
**Country:** USA  
**Home Phone:** 214-229-4040  
**Street Address:** 213 W Woodin Boulevard  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 12-08-2016.  
**Additional Medical History:** Urinary retention, spinal stenosis, and dementia..

## Family History:

**Last Recorded On:** 12-08-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 12-08-2016.  
**Tobacco:** Smokes 8 cigarettes a day **Status:** Current  
**Coffee:** **Status:** N/A  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..  
**Developmental History:** Good..  
**Other History:** Influenza November 2015.

## Tests and Exams:

**Last Recorded On:** 12-08-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 1996-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2011-10-25  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 457042557A  
**Group Number :**  
**Employer Name :** Guadalupe Luna  
**Copay :**  
**Insured ID Number :** 527516723  
**Group Number :**  
**Employer Name :** Guadalupe Luna

**Immunizations:**

**Guadalupe Luna: Chief Complaint**  
Patient Record Number:1245

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texasphysicianhousecalls.com

**Seen by** Derrick Love-Jones  
**Seen on** 12-July-2016

**Chief Complaint Status:**finalized

Followup home visit for management of diabetes mellitus type 2, hypertension, end-stage renal disease, asthma, tobacco use, senile dementia, mental disorder, debility, and spinal stenosis. Patient c/o numbness and tingling on the bottom of his feet.

**History of Present illness:**

**HPI Status:**Finalized

An 84-year-old Hispanic male in NAD with multiple chronic conditions of diabetes mellitus type 2, hypertension, end stage renal disease, and asthma . Patient denies any new issues or complaints upon examination. Patient states that he has numbness and tingling in both of his feet. Patient states that it is mostly on the bottom of his feet. Patient denies any hypoglycemia and foot check revealed no issues. Patient denies any CP, HA, or N/V.

**Vitals:**

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-07-12   | 135 | 64  | 138.00 | 70.00 | 98.20       | 20.00 | ~    | 19.8 | 0.00      |

**Review of Systems:**

**Constitutional:**

**Neurologic:**

No Numbness or Tingling  
No Dizziness or Vertigo  
No Blurred Vision  
No Double Vision  
No Slurred Speech  
No Involuntary Movements  
No Tremor  
No Seizures  
No Headaches  
No Loss of Consciousness  
No Fainting  
No Syncope  
No Seizures  
No Use Of Dentures

**Physical Exam:**

**HEENT:**

Head: No tenderness or swelling. Neck: No tenderness or swelling. Eyes: No redness or swelling. Ears: No tenderness or swelling. Nose: No tenderness or swelling. Throat: No tenderness or swelling.

**ENTOMOLOGIC:**

No bites or stings. No insect bites or stings. No insect bites or stings.

No bites or stings. No insect bites or stings. No insect bites or stings.

**Medication:**

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Aggrenox ,25-200 MG CP12, TAKE 1 CAPSULE TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls | Active | 2016-07-16 |          |
| Haloperidol ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls            | Active | 2016-07-16 |          |

|   |        |            |
|---|--------|------------|
| Simvastatin ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME,<br>Quantity: 30, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls        | Active | 2016-07-16 |
| BD Pen Needle Short U/F ,31G X 8 MM MISC, USE AS DIRECTED<br>TWICE DAILY, Quantity: 200, Refill Quantity: 3<br>Unknown or N/A<br>by ketha, Dr sumana - BK6230281<br>Sumana Ketha MDPA | Active | 2015-03-25 |
| Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill<br>Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                    | Active | 2014-12-11 |

## Plan Note:

### Plan Note Status:Finalized

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Benign prostatic hyperplasia, continue current plan.
3. Hypertension with vascular complications, continue medications. Educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic obstructive pulmonary disease/asthma, continue medications.
5. Dementia, continue current plan.
6. Chronic kidney disease stage-3, continue current plan.
7. Hyperlipidemia, monitor lipids.
8. Debility, stable.
9. Constipation, controlled.
10. Medication refills as follows, Simvastatin 40 mg q.h.s., Haloperidol 1 mg q.d., Lisinopril 10 mg q.d., Aggrenox 25/200 mg q.d., Diabetic Needles b.i.d.
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 |
|--|--------|------------|----------|
| Hyperplasia of prostate, unspecified, without urinary obstruction and other lower urinary symptoms (LUTS)<br>( ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS)<br>( ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled<br>( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified)<br>Unknown or N/A | Active | 2015-10-01 |          |
| Polyneuropathy in diabetes<br>( ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Benign hypertensive heart disease with heart failure<br>( ICD10:I11.0 Hypertensive heart disease with heart failure)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Obstructive chronic bronchitis without exacerbation<br>( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Osteoarthritis, localized, primary, lower leg<br>( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee)<br>Unknown or N/A   | Active | 2015-10-01 |          |

|   |        |            |
|---|--------|------------|
| Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled<br>( ICD10:E11.9 Type 2 diabetes mellitus without complications)<br>Unknown or N/A   | Active | 2015-10-01 |
| Unspecified essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A   | Active | 2015-10-01 |
| Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)<br>( ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms)<br>Unknown or N/A | Active | 2015-10-01 |
| Constipation, unspecified<br>( ICD10:K59.00 Constipation, unspecified)<br>Unknown or N/A  | Active | 2015-10-01 |
| Dementia, unspecified, with behavioral disturbance<br>( ICD10:F03.91 Unspecified dementia with behavioral disturbance)<br>Unknown or N/A  | Active | 2015-10-01 |
| Hyperlipidemia<br>( ICD10:E78.4 Other hyperlipidemia)<br>( ICD10:E78.5 Hyperlipidemia, unspecified)<br>Unknown or N/A   | Active | 2015-10-01 |
| Senile cataract, unspecified<br>( ICD10:H25.9 Unspecified age-related cataract)<br>Unknown or N/A   | Active | 2015-10-01 |
| Tobacco use disorder<br>( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated)<br>Unknown or N/A  | Active | 2015-10-01 |
| Senile dementia, uncomplicated<br>( ICD10:F03.90 Unspecified dementia without behavioral disturbance)<br>Unknown or N/A   | Active | 2015-10-01 |
| Chronic obstructive asthma, unspecified<br>( ICD10:J45.909 Unspecified asthma, uncomplicated)<br>Unknown or N/A   | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled<br>( ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia)<br>Unknown or N/A                   | Active | 2015-10-01 |
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A  | Active | 2015-10-01 |
| Other persistent mental disorders due to conditions classified elsewhere<br>( ICD10:F06.8 Other specified mental disorders due to known physiological condition)<br>Unknown or N/A              | Active | 2015-10-01 |
| Debility, unspecified<br>( ICD10:R53.81 Other malaise)<br>Unknown or N/A  | Active | 2015-10-01 |
| Spinal stenosis, unspecified region<br>( ICD10:M48.00 Spinal stenosis, site unspecified)<br>Unknown or N/A  | Active | 2015-10-01 |
| End stage renal disease<br>( ICD10:N18.6 End stage renal disease)<br>Unknown or N/A   | Active | 2015-10-01 |
| Asthma, unspecified type, with (acute) exacerbation<br>( ICD10:J45.901 Unspecified asthma with (acute) exacerbation)<br>Unknown or N/A  | Active | 2015-10-01 |
| Spinal stenosis, lumbar region, without neurogenic claudication<br>( ICD9:724.02 Spinal stenosis, lumbar region, without neurogenic claudication)<br>Unknown or N/A                             | Active |            |
| Aftercare following surgery of the musculoskeletal system, NEC<br>( ICD9:V58.78 Aftercare following surgery of the musculoskeletal system, NEC)<br>Unknown or N/A                               | Active |            |

## Allergies:

| Description                               | Status | Start Date | End Date |
|---|--------|------------|----------|
| No Known Drug Allergies<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| CVA left hemi in 2009 and cataract surgery in left eye<br>Unknown or N/A | Active |            |          |

## 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:** YES

**Is House Visit Needed:** YES

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

**Current home health agency:** Aaron Home Health

**Primary Justification Medical Conditions:** Asthma,Kidney\_Disease,diabetes,HTN

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to senile dementia and inability to self medicate and debility.

**Certification Statement:** Patient is home-bound due to ESRD and senile dementia. Patient cannot be left unattended due to wandering behaviors and poor cognition.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-12 02:41

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-12 02:41

**Form\_status:** finalized

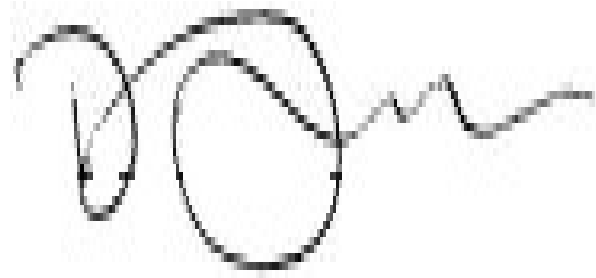
## DME:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Alcohol Pads<br>Unknown or N/A<br>by Dr. Sumana Ketha        | Active |            |          |
| Cane<br>Unknown or N/A<br>by Dr. Sumana Ketha                | Active |            |          |
| Gloves: Non-sterile<br>Unknown or N/A<br>by Dr. Sumana Ketha | Active |            |          |
| Lancet<br>Unknown or N/A<br>by Dr. Sumana Ketha              | Active |            |          |
| Probe<br>Unknown or N/A<br>by Dr. Sumana Ketha               | Active |            |          |
| Chemstrips<br>Unknown or N/A<br>by Dr. Sumana Ketha          | Active |            |          |
| Walker<br>Unknown or N/A<br>by Dr. Sumana Ketha              | Active |            |          |

## Procedure Order:

|              |                 |                |                     |
|--------------|-----------------|----------------|---------------------|
| Patient ID   | 1245            | Order ID       | 712                 |
| Patient Name | Luna, Guadalupe | Ordered By     | Love-Jones, Derrick |
| Order Date   | 2016-12-10      | Print Date     | 2016-12-10          |
| Order Status | complete        | Encounter Date | 2016-12-10          |
| Lab          | .HH Agency      | Specimen Type> |                     |

| Ordered Procedure | Report   |          |        |      | Results |      |     |       |       |       |      |
|-------------------|----------|----------|--------|------|---------|------|-----|-------|-------|-------|------|
|                   | Reported | Specimen | Status | Note | Code    | Name | Abn | Value | Range | Units | Note |

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones'. The signature is stylized with a large loop for the 'D' and a series of smaller loops and strokes for the rest of the name.

Electronically Signed by **Derrick Love-Jones** on **2016-07-18**.

Printed on 10-Dec-2016 20:20:41 pm.