

**Jesse Martinez: Patient Information**  
Patient Record Number:6314

**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:** Jesse Martinez  
**External ID:** 6314  
**DOB:** 1946-10-11  
**Sex:** Male  
**S.S.:** 451-80-6760

**Address:** 207 Idlewyld Dr  
**City:** Mesquite  
**State:** Texas  
**Postal Code:** 75149  
**Country:** USA  
**Guardian's Name:** Antony  
**Emergency Phone:** 214-971-3522  
**Mobile Phone:** 469-363-5854  
**Street Address:** 207 Idlewyld Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-04-2016.  
**Father:** Father died of cancer, diabetes, and hypertension..  
**Mother:** Mother died of diabetes and hypertension..  
**Siblings:** Four brothers and four sisters, which are all alive..  
**Offspring:** Four boys and two girls which are all alive..

## Social History:

**Last Recorded On:** 12-04-2016.  
**Tobacco:** Smokes one packet per day. **Status:** Current  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Influenza taken in 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1983-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 451806760A  
**Group Number :**  
**Employer Name :** Jesse Martinez  
**Copay :**  
**Insured ID Number :** 526305551  
**Group Number :**  
**Employer Name :** Jesse Martinez

**Immunizations:**

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New admit to service to prevent further decline of the following chronic medical conditions of neuropathy, diabetes mellitus type 2, osteoarthritis, lumbago, hypertension, coronary artery disease, hyperlipidemia, asthma, and constipation. Patient complains of knee, neck and lower back pain.

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-10-19   | 150 | 77  | 195.00 | 71.00 | 97.80       | 16.00 | ~    | 27.2 | 0.00      |

| Description | Status | Start Date | End Date |
|-------------|--------|------------|----------|
|-------------|--------|------------|----------|

|  |        |            |
|--|--------|------------|
| B12-Active ,1 MG CHEW, CHEW AND SWALLOW 1 TABLET EVERY EVENING DAILY, Quantity: 30, Refill Quantity: 3<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls   | Active | 2016-10-30 |
| Amitriptyline HCl ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls  | Active | 2016-10-19 |
| Nitrostat ,0.4 MG SUBL, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 DOSES AS NEEDED FOR CHEST PAIN, Quantity: 30, Refill Quantity: 2<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls | Active | 2016-10-19 |
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 17, Refill Quantity: 6<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                       | Active | 2016-10-19 |

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with 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 exercise daily as tolerated. Full set of The following labs ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. The patient verbalize understanding of the above plan 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. Urinary tract infection, start Cipro 250 mg b.i.d. x 3 days.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Neuropathy, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Osteoarthritis with chronic pain, continue current plan.
6. Lumbago with chronic pain, continue current plan.
7. Coronary artery disease, continue current plan.
8. Hyperlipidemia, continue current plan.
9. Asthma, continue current plan.
10. Constipation, continue current plan.

### Medication refills as follows:

Gabapentin 600 mg t.i.d.  
Amitriptylin 25 mg b.i.d.  
Norco 10/325 mg t.i.d.  
Metformin 500 mg b.i.d.  
Lisinopril 10 mg q.d.  
Nitrostat 0.4 mg P.R.N.  
Metoprolol 25 mg b.i.d.  
Simvastatin 40 mg q.h.s.  
ProAir INH  
Plavix 75 mg q.d.

## Medical Problem:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Urinary tract infection, site not specified<br>( ICD10:N39.0 Urinary tract infection, site not specified)<br>Unknown or N/A  | Active | 2016-10-19 |          |
| Type 2 diabetes mellitus with diabetic neuropathy, unspecified<br>( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified)<br>Unknown or N/A | Active | 2016-10-19 |          |

|   |        |            |
|---|--------|------------|
| Other disorders of peripheral nervous system<br>( ICD10:G64 Other disorders of peripheral nervous system)<br>Unknown or N/A   | Active | 2016-10-19 |
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity<br>( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)<br>Unknown or N/A | Active | 2016-10-19 |
| Nicotine dependence, unspecified, uncomplicated<br>( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated)<br>Unknown or N/A   | Active | 2016-10-19 |

## Allergies:

| Description                                | Status | Start Date | End Date |
|--|--------|------------|----------|
| No known drug allergies.<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Tongue caner in 2004 and hospitalized in 2016.<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:** NO

**Is House Visit Needed:** YES

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

**Current home health agency:** TEXAS HOME HEALTH PROVIDER

**Primary Justification Medical Conditions:** Asthma,diabetes,hyperlipidemia,HTN,Rheumatoid Arthritis\_Osteoarthr

**Additional Medical Conditions:** Neuropathy, CAD, Constipation, Lumbago

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Patient is homebound due to chronic pain and the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to uncontrolled diabetes uncontrolled hypertension chronic pain and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-19 03:04

**Signed By (Physician):** 18

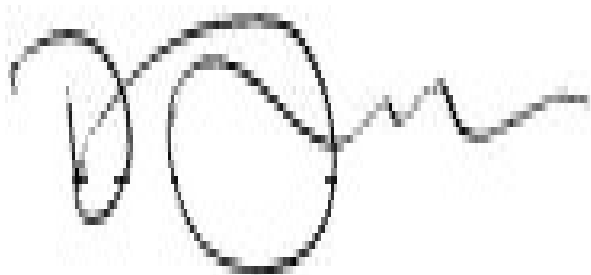
**Signed on (Physician):** 2016-10-26 03:04

**Form\_status:** finalized

## Procedure Order:

|              |                 |                |                     |
|--------------|-----------------|----------------|---------------------|
| Patient ID   | 6314            | Order ID       | 1126                |
| Patient Name | Martinez, Jesse | 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  | 97%   | 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 **2016-10-26**.

Printed on 04-Dec-2016 21:30:20 pm.