

Raul Garza: Patient Information
Patient Record Number:6089

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

Name: Raul Garza
External ID: 6089
DOB: 1945-02-06
Sex: Male
S.S.: 451744661
User Defined: 214-254-1604

Address: 1222 Stafford St
City: Dallas
State: Texas
Postal Code: 75208
Country: USA
Mother's Name: Micheal(son)
Guardian's Name: 214-254-1604
Emergency Phone: 972-345-7718
Mobile Phone: 214-264-7421
Street Address: 1222 Stafford St
Apt/Suite/Other: House

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 451744661A
Group Number :
Employer Name : Raul Garza

Immunizations:

Raul Garza: Chief Complaint
Patient Record Number:6089

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 Darolyn Perkins
Seen on 02-June-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of chronic conditions of back pain, hypertension, hyperlipidemia, and heart disease. Patient complains of both feet are burning.

History of Present illness:

HPI Status:Finalized

Patient is a 71-year-old male with multiple chronic conditions of back pain, hypertension, hyperlipidemia, heart disease with a pacemaker. Patient complains of shortness of breath while sitting and laying down. Patient also complains of back pain and rate the pain at 7/10. Patient denies any CP, NV or HA recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-02	136	65	160.00	71.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Loss: No
Appetite: No
Fatigue: No
Weakness: No
Back Pain: YES
Edema: No
Leg Pain/Cramping: No
History Murmur: No
Heart Problem: YES

Physical Exam:

GENERAL:

Alert, Pleasant, Cooperative, Well Developed, Well Nourished, Within Normal Limits .

HEENT:

Head: No Abnormalities, Eyes: No Abnormalities, Ears: No Abnormalities, Nose: No Abnormalities, Throat: No Abnormalities, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

ENT:

Throat: No Abnormalities, Ears: No Abnormalities, Nose: No Abnormalities .

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

GI:

Organomegaly-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. 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 so, low-fat, low cholesterol diet with current medical conditions. Patient was instructed go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient refused lab work previously. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Congestive heart failure, continue current plan.
2. Hypertension, continue current plan.
3. Asthma, continue current plan.
4. Chronic pain, continue current plan.
5. Atrial fibrillation, continue current plan.
6. Osteoarthritis, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Coronary artery disease, continue current plan.
9. Abnormal gait, continue current plan.

Medication refills as follows, Symbicort 160/4.5 mcg 2 puffs b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2016-06-02	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-03-16	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-01-28	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-01-28	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-01-16	
Unspecified atrial fibrillation (ICD10:I48.91 Unspecified atrial fibrillation) Unknown or N/A	Active	2016-01-16	

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: 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: Bonyl Home healthcare

Primary Justification Medical Conditions: Heart_Disease,HTN,hyperlipidemia

Additional Medical Conditions: Chronic pain

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 302
Signed On (NP): 2016-06-02 10:36
Signed By (Physician): 18
Signed on (Physician): 2016-06-09 10:37
Form_status: finalized
Printed: NO

Printed on 14-Aug-2016 18:37:12 pm.