

Gillermo Arredondo: Patient Information
Patient Record Number:1452

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: Guillermo Arredondo
External ID: 1452
DOB: 1957-11-21
Sex: Male
S.S.: 455-25-8840
Marital Status: Single
User Defined: Only to Drick

Address: 839 Morris Street
City: Dallas
State: Texas
Postal Code: 75212
Country: USA
Mobile Phone: 214-207-0291
User Email: lovato-family-6@hotmail.com
Street Address: 839 Morris Street
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-06-2016.
Father: Father has hypertension..
Mother: Mother has hypertension and diabetes, and history of cancer..
Siblings: Sister has history of cancer..
Other Family Relative: Aunt has history of cancer..

Social History:

Last Recorded On: 10-06-2016.
Tobacco: Current every day smoker 3-4 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 10-06-2016.
Vitamin D (6 mo if on pills) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
LIPIDS (once year unless chol meds) Normal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2011-02-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 513430987
Group Number :
Employer Name : Gillermo Arredondo

Immunizations:

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Follow up home visit for management of osteoarthritis, chronic pain, anxiety, depression, asthma, tobacco use, lack of coordination, urinary incontinence, dementia, constipation, mental retardation, difficulty walking, bipolar, diabetes-2, and hemorrhoids. Patient complains of bilateral knee pain and pain in his back.

A 58-year-old Hispanic male in NAD with multiple chronic conditions of chronic pain, diabetes-2, asthma, and osteoarthritis. Patient complains of bilateral knee pain and back pain. Patient rates his current pain at 7/10 and states he does get relief from current pain medication. No other issues noted upon examination. Patient denies any CP, HA, or N/V recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-31	118	71	173.00	67.00	98.40	18.00	~	0.0	0.00

Description	Status	Start Date	End Date
<p>Tramadol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-18	

HydroXYZine HCl ,25 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-05
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-03
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-04
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-09-18
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-08-19

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable. Reviewed old records with the patient. Followup home visit in 2-3 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Depression, continue current plan.
5. Dementia, continue current plan.
6. Chronic pain syndrome, continue current pain medication.
7. Urinary incontinence, continue current plan.
8. Constipation, continue current plan.
9. Mental retardation, continue current plan.
10. Difficulty walking, continue to monitor.
11. Bipolar, continue current plan.
12. Lumbago with chronic pain, continue current plan.

Medication refills as follows: Tramadol 50 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-08-31	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-21	

Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-11-18
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) 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
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Malignant neoplasm of urinary organ, site unspecified (ICD10:C68.9 Malignant neoplasm of urinary organ, unspecified) Unknown or N/A	Active	2015-10-01
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Internal hemorrhoids without mention of complication (ICD10:K64.8 Other hemorrhoids) Unknown or N/A	Active	2015-10-01
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Pain in limb (ICD10:M79.609 Pain in unspecified limb) Unknown or N/A	Active	2015-10-01
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified mental retardation (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) 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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Other persistent mental disorders due to conditions classified elsewhere (ICD10:F06.8 Other specified mental disorders due to known physiological condition) Unknown or N/A	Active	2015-10-01

Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Reflex sympathetic dystrophy of the upper limb (ICD10:G90.519 Complex regional pain syndrome I of unspecified upper limb) Unknown or N/A	Active	2015-10-01
Generalized hyperhidrosis (ICD10:R61 Generalized hyperhidrosis) Unknown or N/A	Active	2015-10-01
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

Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active	2015-02-05	

Surgeries:

Description	Status	Start Date	End Date
Anoxic brain injury 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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Primary Justification Medical Conditions: Asthma,bipolar,Depression,diabetes

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed due to family caring for patient.

Certification Statement: No SN needed at this time

Signed by (NP): 16

Signed On (NP): 2016-08-31 04:16

Signed By (Physician): 18

Signed on (Physician): 2016-09-07 04:17

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Urinary incontinence, unspecified ordered patient incontinence supplies through Longhorn Health Solutions (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		
Osteoarthritis, localized, primary, lower leg ordered manual wheelchair from Longhorn Health Solution due to mobility limitations. (ICD9:715.16 Osteoarthritis, localized, primary, lower leg) (ICD9:493.90 Asthma, unspecified type, unspecified) Unknown or N/A	Active		

Procedure Order:

Patient ID	1452	Order ID	972
Patient Name	Arredondo, Guillermo	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-06		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-07**.

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