

**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:** 01-06-2017.  
**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:** 01-06-2017.  
**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:**

**Jesse Martinez: Chief Complaint**  
Patient Record Number:6314

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**Seen by** Derrick Love-Jones  
**Seen on** 01-December-2016

**Chief Complaint Status:**finalized

Followup and visit 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 lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 70-year-old Hispanic male in no acute distress with multiple chronic conditions of the following neuropathy, diabetes mellitus type 2, osteoarthritis, lumbago, hypertension, coronary artery disease, hyperlipidemia, asthma, and constipation. Patient states he has chronic lower back and knee pain. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. 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	133	91	197.00	71.00	97.40	16.00	~	27.5	0.00

**Review of Systems:**

**Constitutional:**

**General:**  
No weight loss  
No anorexia  
No fatigue  
No change Of Motion  
No blood sugar  
No blood pressure  
No asthma

**Physical Exam:**

**ENT:**

ENT: No abnormalities noted. Within normal limits.

**HEENT:**

HEENT: No abnormalities noted. Within normal limits.

**HEENT:**

HEENT: No abnormalities noted. Within normal limits.

**PSYCH:**

PSYCH: No abnormalities noted. Within normal limits.

Religion: No abnormalities noted. Within normal limits.

**Medication:**

Description	Status	Start Date	End Date
Amitriptyline HCl, 25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3	Active	2016-12-19	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

B12-Active ,1 MG CHEW, CHEW AND SWALLOW 1 TABLET EVERY EVENING DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-10-30
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Amitriptyline HCl ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 1	Unknown or N/A	Active	2016-10-19
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
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	Unknown or N/A	Active	2016-10-19
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
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	Unknown or N/A	Active	2016-10-19
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

## 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. No labs needed this visit. 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. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Lumbago with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current pain medications.
5. Neuropathy, continue current plan.
6. Osteoarthritis 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
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-12-01	
Other chronic pain ( ICD10:G89.29 Other chronic pain) 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
Urinary tract infection, site not specified ( ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2016-10-19
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-10-19
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-10-19
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	2016-10-19
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-19

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Tongue caner in 2004 and hospitalized in 2016. 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):** 2016-12-01 02:43

**Signed By (Physician):** 18

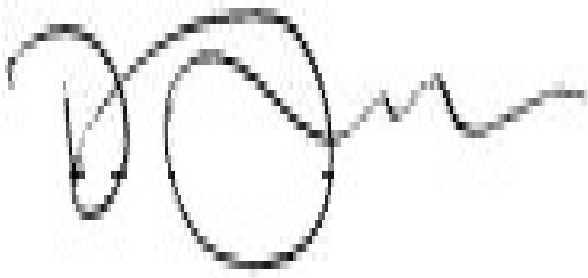
**Signed on (Physician):** 2016-12-08 02:43

**Form\_status:** finalized

## Procedure Order:

Patient ID	6314	Order ID	1419
Patient Name	Martinez, Jesse	Ordered By	Love-Jones, Derrick
Order Date	2017-01-06	Print Date	2017-01-06
Order Status	complete	Encounter Date	2017-01-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-12-08**.

Printed on 06-Jan-2017 21:43:03 pm.