

**Dennis Mondine: Patient Information**  
Patient Record Number:6333

**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:** Dennis D Mondine  
**External ID:** 6333  
**DOB:** 1966-11-04  
**Sex:** Male  
**S.S.:** 374-70-3287  
**Marital Status:** Single

**Address:** 1234 Arizona Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 972-805-3281  
**Street Address:** 1234 Arizona Ave  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-29-2016.  
**Father:** Father is alive with hypertension and diabetes mellitus type 2. .  
**Mother:** Mother is alive and healthy with complaints of back pain..  
**Siblings:** Two brothers and three sisters, which are alive and healthy..  
**Offspring:** One boy is 27-years age, who is alive. .

## Social History:

**Last Recorded On:** 12-29-2016.  
**Tobacco:** Smokes socially. **Status:** Current  
**Alcohol:** Drinks alcohol socially. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Current  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 3 years collage..  
**Other History:** No immunizations..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2010-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 374703287A  
**Group Number :**  
**Employer Name :** Dennis Mondine

## Immunizations:

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Description	Status	Start Date	End Date
Methocarbamol ,750 MG TABS, TAKE 1 TABLET 3 TIMES DAILY WITH FOOD, Quantity: 45, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-28	
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 so, 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 labs ordered. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy, continue current plan.
2. Muscle spasms, continue current plan.
3. Lumbago with chronic pain, continue current plan.
4. Anxiety, continue current plan.
5. Erectile dysfunction, continue current plan.
6. Chronic pain syndrome, continue current pain medication.
7. Abnormal gait, continue to monitor.
8. Rotator cuff tear injury, continue current plan.

Medication refills as follows:

Sildenafil Citrate 100 mg 1/2 tab.  
Gabapentin 300 mg t.i.d.  
Norco 10/325 mg t.i.d.  
Viagra 100 mg p.r.n.  
Methocarbamol 350 mg t.i.d.  
Xanax 0.5 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-10-27	
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-10-27	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-10-27	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-27	

## Allergies:

Description	Status	Start Date	End Date
Erythromycin Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Lumbar radiculopathy at 2010. 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:**

**Primary Justification Medical Conditions:** Mobility\_Impairments

**Additional Medical Conditions:** Anxiety, ED, Lumbago, Muscle Spasms, Neuropathy

**Nursing Required:** NO

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to limited mobility and chronic pain.

**Certification Statement:** No skilled nursing needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-27 02:43

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-03 02:43

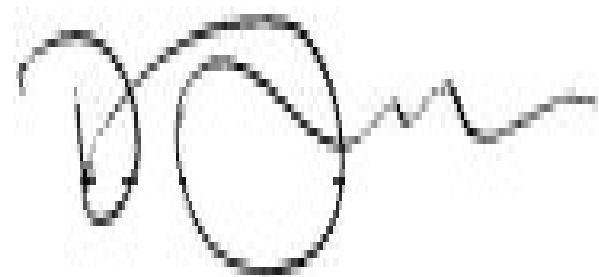
**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6333	Order ID	1253
Patient Name	Mondine, Dennis D	Ordered By	Love-Jones, Derrick
Order Date	2016-12-30	Print Date	2016-12-30
Order Status	complete	Encounter Date	2016-12-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-30		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-03**.

Printed on 30-Dec-2016 13:58:41 pm.