

Guadalupe Luna: Patient Information
Patient Record Number:1245

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: Guadalupe Luna
External ID: 1245
DOB: 1931-09-30
Sex: Male
S.S.: 457-04-2557
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhS2hGdFNXM2JpbG8

Address: 213 W Woodin Boulevard
City: Dallas
State: Texas
Postal Code: 75224
Country: USA
Home Phone: 214-229-4040
Street Address: 213 W Woodin Boulevard
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-26-2017.
Additional Medical History: Urinary retention, spinal stenosis, and dementia..

Family History:

Last Recorded On: 01-26-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-26-2017.
Tobacco: Current every day smoker Smokes 8 cigarettes a day **Status:** Current
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Good..
Other History: Influenza November 2015.

Tests and Exams:

Last Recorded On: 01-26-2017.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1996-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-10-25
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 457042557A
Group Number :
Employer Name : Guadalupe Luna
Copay :
Insured ID Number : 527516723
Group Number :
Employer Name : Guadalupe Luna

Immunizations:

Guadalupe Luna: Chief Complaint
Patient Record Number:1245

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Seen by Derrick Love-Jones
Seen on 08-December-2016

Chief Complaint Status:finalized

Followup home visit for management of diabetes mellitus type 2, hypertension, end-stage renal disease, asthma, tobacco use, senile dementia, mental disorder, debility, and spinal stenosis. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

An 85-year-old male in no acute distress with multiple chronic conditions of diabetes mellitus type 2, hypertension, end stage renal disease, and asthma. Patient complains of having shortness of breath for the last 2-3 days. Patient states that he has been taking his breathing treatments and they have helped some. Patient denies any new issues or complaints upon examination. Patient denies any hypoglycemia and foot check revealed no issues. Patient denies any chest pain, headache, or nausea/vomiting.

Social History: Social history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-08	176	63	142.00	70.00	97.60	16.00	~	20.4	0.00

Review of Systems:

Constitutional:

Das ist die richtige Einstellung:

No Bionic Vision

No ~~REDACTED~~ IT Of Dnsath

No ~~financial~~ interests

No Binding Of Motion

No Discharge of Urine

No Alana

No Bleeding Gums

No Absentees

No Use Of Dentures

Physical Exam:

REMARKS:

Serum Bilirubin-Within Normal Limits.

EXTREMITIES:

SEKURITAS PRIMA (KUALA LUMPUR) SECURITIES LIMITED

Medication:

Description	Status	Start Date	End Date
Finasteride ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-12-08	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 180, Refill Quantity: 2	Unknown or N/A	Active	2016-12-08
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Aggrenox ,25-200 MG CP12, TAKE 1 CAPSULE TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2	Unknown or N/A	Active	2016-07-16
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Haloperidol ,1 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1	Unknown or N/A	Active	2016-07-16
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Simvastatin ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1	Unknown or N/A	Active	2016-07-16
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Aggrenox ,25-200 MG CP12, TAKE 1 CAPSULE TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2	Unknown or N/A	Active	2016-04-19
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Aspirin-Dipyridamole ER ,25-200 MG CP12, TAKE 1 CAPSULE TWICE DAILY WITH MEALS, Quantity: 180, Refill Quantity: 3	Unknown or N/A	Active	2016-04-18
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
MetFORMIN HCl ,1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 180, Refill Quantity: 1	Unknown or N/A	Active	2016-04-18
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
BD Pen Needle Short U/F ,31G X 8 MM MISC, USE AS DIRECTED TWICE DAILY, Quantity: 200, Refill Quantity: 3	Unknown or N/A	Active	2015-03-25
by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA			
Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1	Unknown or N/A	Active	2014-12-11
by Jones, Derrick - MJ3217331 Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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.

1. Chronic obstructive pulmonary disease/asthma.
2. Chronic kidney disease-3.
3. Diabetes mellitus 2 with neuropathy.
4. Hypertension with vascular complications.
5. Benign prostate hyperplasia.
6. Dementia.
7. Hyperlipidemia.
8. Debility.
9. Constipation.
10. Cerebrovascular accident effects.

Medication refills as follows,
Simvastatin 40 mg q.d.
Aggrenox 25/200 mg q.d.

Metformin 1000 mg b.i.d.
Finasteride 5 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Hyperplasia of prostate, unspecified, without urinary obstruction and other lower urinary symptoms (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) 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	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Benign hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2015-10-01	
Obstructive chronic bronchitis without exacerbation (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) 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	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS) (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Dementia, unspecified, with behavioral disturbance (ICD10:F03.91 Unspecified dementia with behavioral disturbance) Unknown or N/A	Active	2015-10-01	
Hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Senile cataract, unspecified (ICD10:H25.9 Unspecified age-related cataract) 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	
Senile dementia, uncomplicated (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01	
Chronic obstructive asthma, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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	

Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01
Spinal stenosis, unspecified region (ICD10:M48.00 Spinal stenosis, site unspecified) Unknown or N/A	Active	2015-10-01
End stage renal disease (ICD10:N18.6 End stage renal disease) 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
Spinal stenosis, lumbar region, without neurogenic claudication (ICD9:724.02 Spinal stenosis, lumbar region, without neurogenic claudication) Unknown or N/A	Active	
Aftercare following surgery of the musculoskeletal system, NEC (ICD9:V58.78 Aftercare following surgery of the musculoskeletal system, NEC) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
CVA left hemi in 2009 and cataract surgery in left eye 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Aaron Home Health

Primary Justification Medical Conditions: Asthma,Kidney_Disease,diabetes,HTN

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to senile dementia and inability to self medicate and debility.

Certification Statement: Patient is home-bound due to ESRD and senile dementia. Patient cannot be left unattended due to wandering behaviors and poor cognition.

Signed by (NP): 16

Signed On (NP): 2016-12-08 05:41

Signed By (Physician): 18

Signed on (Physician): 2016-12-15 05:42

Form_status: finalized

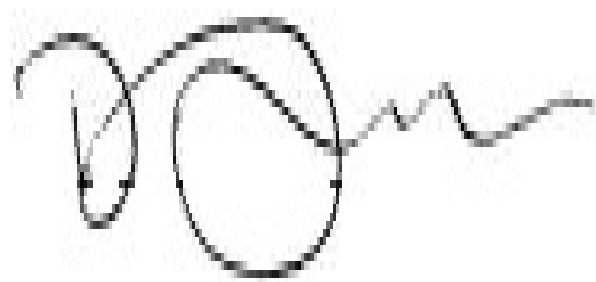
DME:

Description	Status	Start Date	End Date
Alcohol Pads Unknown or N/A by Dr. Sumana Ketha	Active		
Cane Unknown or N/A by Dr. Sumana Ketha	Active		
Gloves: Non-sterile Unknown or N/A by Dr. Sumana Ketha	Active		
Lancet Unknown or N/A by Dr. Sumana Ketha	Active		
Probe Unknown or N/A by Dr. Sumana Ketha	Active		
Chemstrips Unknown or N/A by Dr. Sumana Ketha	Active		
Walker Unknown or N/A by Dr. Sumana Ketha	Active		

Procedure Order:

Patient ID	1245	Order ID	1326
Patient Name	Luna, Guadalupe	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	pending	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-15**.

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