

Maria Arbaiza: Patient Information
Patient Record Number:6281

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: Maria Arbaiza
External ID: 6281
DOB: 1943-07-03
Sex: Female
S.S.: 644-22-741

Address: 4847 Mexicana Rd
City: Dallas
State: Texas
Postal Code: 75212
Country: USA
Emergency Contact: Grand Daughter
Home Phone: 469-279-0162
Mobile Phone: 214-267-0591
Street Address: 4847 Mexicana Rd
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-31-2016.
Father: Denies..
Mother: Denies..
Siblings: Denies..
Offspring: Denies..

Social History:

Last Recorded On: 12-31-2016.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol abuse. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 644227413A
Group Number :
Employer Name : Maria Arbaiza
Copay :
Insured ID Number : 521288605
Group Number :
Employer Name : Maria Arbaiza

Immunizations:

Maria Arbaiza: Chief Complaint
Patient Record Number:6281

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Seen by Derrick Love-Jones
Seen on 16-November-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of neuropathy, allergic rhinitis, hypertension, gastroesophageal reflux disease, and asthma. Patient complains of feet pain.

History of Present illness:

HPI Status:Finalized

Patient is a 73-year-old female in NAD with multiple chronic conditions of the following neuropathy, allergic rhinitis, hypertension, gastroesophageal reflux disease, and asthma. Patient complains of having foot pain that has been chronic for several years. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-16	140	73	0.00	0.00	97.40	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No ~~Blind~~ Mission

No [REDACTED] business

Notwithstanding

No Batching

No Sliding RTD Range Of Motion

No Biasness

No Constipation

Physical Exam:

EXTREMITIES:

~~Subacute B-Cell Lymphoproliferative Disorder With B-CLL-Like Features, Diffuse Lymphadenopathy-Within Normal Limits~~

BMASK:

Don't Miss Our Free Training Class: Mindfulness With Limits

NEURO:

REPERA: EOM With No Moral Limits.

RESEARCH:

Normal CTAB: With Good Mental and Mood, Alert and Oriented X3-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
Lyrica ,100 MG CAPS, TOME UNA CAPSULA DOS VECES AL DIA, Quantity: 60, Refill Quantity: 3			
Unknown or N/A	Active	2016-07-06	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			

Plan Note:

Plan Note Status:Finalized

Do you 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 those 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 lapse needed this visit. The patient verbalized 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. Asthma, continue current plan.
3. Hypertension with vascular, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Allergic rhinitis, continue current plan.

Medication refills as follows:

Prednisone 20 mg q.d.
Losartan 100 mg q.d.
Nexium 40 mg q.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	2016-11-16	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-11-16	
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	2016-11-16	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-11-16	

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: NO

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: HTN,Asthma

Additional Medical Conditions: GERD, AR, 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 chronic pain in her feet.

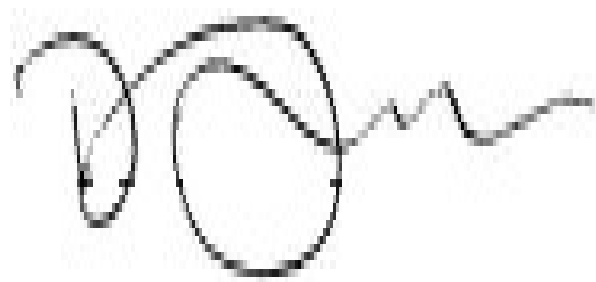
Certification Statement: No skilled nurse she needed at this time.

Signed by (NP): 16
Signed On (NP): 2016-11-16 02:21
Signed By (Physician): 18
Signed on (Physician): 2016-11-23 02:21
Form_status: finalized
Printed:

Procedure Order:

Patient ID	6281	Order ID	1205
Patient Name	Arbaiza, Maria	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-23**.

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