

Mauricio Arredondo: Patient Information
Patient Record Number:1451

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: Mauricio Arredondo
External ID: 1451
DOB: 1961-01-18
Sex: Male
S.S.: 466-37-3488
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5bV9SWWRlbnk4TWs>

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

Past Medical History:

Last Recorded On: 10-06-2016.
Risk Factors: GERD.

Family History:

Last Recorded On: 10-06-2016.
Mother: Mother has 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 2 cigarettes per day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..

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) Abnormal Done on 04/18/2016 at Schryver Medical Laboratory, Ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal 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 : 506634957

Group Number :

Employer Name : Mauricio Arredondo

Immunizations:

Mauricio Arredondo: Chief Complaint
Patient Record Number:1451

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Seen by Sumana Ketha MD
Seen on 28-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, hypothyroidism, pressure ulcer, dementia, tobacco use, gastroesophageal reflux disease, diabetes-2, difficulty walking, mental retardation, rickets, abnormality of gait, chronic pain, polyneuropathy, vitamin-d deficiency, and orthostatic hypertension. Patient complains of bilateral knee pain and back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 55-year-old Hispanic male in NAD with multiple chronic conditions. Patient c/o of knee pain and back pain x several weeks. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-28	150	87	149.00	69.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No ~~DISSEMINATION~~ session

Not a TEST taker

Blood Pressure Measurement

No Bacteria In Urine

North Carolina Rental of Motion

No/El Large Drip App Site

No Noseed

No Abstraction

No Bleeding Gums

No Hoarseness

No Use Of Dentures

Physical Exam:

REMARKS:

Displacement of the Heart and Lungs: Within Normal Limits.

EXTRAEMITTES:

Subsidiary Information: Non-Consolidated Nominal Limits.

CV:

BRS, Vitals, Neurological Exams: Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
TraMADol HCl ,50 MG TABS, Take 1 Tablet By Mouth Every 8 Hours As Needed For Pain, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-18	

Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-23
Levothyroxine Sodium ,75 MCG TABS, TAKE 1 TABLET DAILY, 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	2014-11-04

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 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. No labs needed this visit. 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.

1. Hypothyroidism, continue current plan.
2. Hypertension, continue current plan.
3. Osteoarthritis with chronic pain continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Dementia, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Urinary incontinence, stable.
8. Mental retardation, continue current plan.
9. Vitamin D deficiency, continue current plan

Refilled medication of Tramadol 50 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) 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	
Thyrotoxicosis, unspecified without thyrotoxic crisis or storm (ICD10:E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm) Unknown or N/A	Active	2015-10-15	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2015-10-01	

Pressure ulcer, lower back (ICD10:L89.139 Pressure ulcer of right lower back, unspecified stage) (ICD10:L89.149 Pressure ulcer of left lower back, unspecified stage) (ICD10:L89.159 Pressure ulcer of sacral region, unspecified stage) 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
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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
Pain in limb (ICD10:M79.609 Pain in unspecified limb) 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
Unspecified mental retardation (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A	Active	2015-10-01
Rickets, active (ICD10:E55.0 Rickets, active) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) 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
Idiopathic progressive polyneuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2015-10-01
Orthostatic hypotension (ICD10:I95.1 Orthostatic hypotension) 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		

Surgeries:

Description	Status	Start Date	End Date
MVC and left foot surgery Unknown or N/A	Active		
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: Hypothyroidism,diabetes,HTN

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No skilled nursing needed due to care provided by family

Signed by (NP): 302

Signed On (NP): 2016-07-28 05:43

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 05:43

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		
Urinary incontinence, unspecified ordered a male urinal through Longhorn DME (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

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