

Mauricio Arredondo: Patient Information
Patient Record Number:1451

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.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: 01-07-2017.
Risk Factors: GERD.

Family History:

Last Recorded On: 01-07-2017.
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: 01-07-2017.
Tobacco: Current every day smoker Two cigarettes per day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 01-07-2017.
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 22-December-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 coughing and congestion and bilateral knee pain.

History of Present illness:

HPI Status:Finalized

Patient is a 55-year-old Hispanic male in NAD with multiple chronic conditions of the following: 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 states that he has had a cough and chest congestion x 1 week with no relief. Patient also c/o of knee pain that is chronic. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-12-22 | 135 | 86 | 152.00 | 69.00 | 97.80 | 16.00 | ~ | 22.4 | 0.00 |

Review of Systems:

Constitutional:

Weight Loss:
No Weight Loss
Appetite:
No Change
Energy:
No Change
Thirst:
No Change
Diets:
No Change
Exercise:
No Change
Stress:
No Change
Insomnia:
No Change
Depression:
No Change
Anxiety:
No Change
Headache:
No Change
Hoarseness:
No Change
Dentures:
No Change

Physical Exam:

General:
Patient is a 55-year-old Hispanic male in NAD with multiple chronic conditions of the following: 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 states that he has had a cough and chest congestion x 1 week with no relief. Patient also c/o of knee pain that is chronic. Patient denies any chest pain, headache, or nausea or vomiting recently.

HEENT:
No Change
EYES:
No Change
EARS:
No Change
NOSE:
No Change
THROAT:
No Change
CV:
No Change
RESPIRATORY:
No Change
GI:
No Change
MSK:
No Change
SKIN:
No Change
NEURO:
No Change
PSYCH:
No Change
ENDOCRINE:
No Change
IMMUNE:
No Change
REPRODUCTIVE:
No Change
OTHER:
No Change

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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Sinusitis start Augmentin
 OA w/chronic pain continue current plan
 HTN w/vascular continue current plan
 Chronic Pain Syndrome continue current pain medication
 Neuropathy continue current plan
 DM2 w/neuropathy continue current plan
 GERD continue current plan
 VIT D Deficiency continue current plan
 Hypothyroidism continue current plan
 Dementia continue current plan
 Mental Retardation continue to monitor
 Urinary Incontinence continue current plan
 Abnormal Gait continue to monitor

Medication refills as follows:

Tramadol 50 mg t.i.d.
 Lisinopril 10 mg q.d.
 Vitamin D 50,000 1 tab q. weekly
 Levothyroxine
 Ranitidine

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Chronic sinusitis, unspecified (ICD10:J32.9 Chronic sinusitis, unspecified) Unknown or N/A | Active | 2016-12-22 | |
| Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2016-08-31 | |

| | | |
|--|--------|------------|
| 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 | 2016-08-31 |
| Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A | Active | 2016-08-31 |
| 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

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 | | |