Dennis Mondine: Patient Information

Patient Record Number:6333

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: 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

Insured ID Number: 374703287A Relationship to Insured: Self

Group Number: Type: N/A

Employer Name: Dennis Mondine Payer: Medicare B Texas (SMTX0)

Immunizations:

Dennis Mondine: Chief Complaint Patient Record Number:6333

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Seen by Derrick Love-Jones Seen on 27-October-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions anxiety, erectile dysfunction, chronic pain syndrome, lumbago, muscle spasms, abnormal gait, neuropathy, and rotator cuff tear.

History of Present illness:

HPI Status:Finalized

A 49-year-old African-American male in NAD with multiple chronic conditions of the following anxiety, erectile dysfunction, chronic pain syndrome, lumbago, muscle spasms, abnormal gait, neuropathy, rotator cuff tear. Patient complains of foot and back pain that patient states he has had for many years. Patient has a history of herniated lumbar disk. Patient denies any allergies to any foods and states that he is allergic to erythromycin. 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	ВМІ	Head circ
2016-10-27	143	96	169.00	69.00	97.80	16.00	~	25.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

SEEDEMITIES:

வேசில் நில் மின் இன்றிக்க denopathy-Within Normal Limits .

MAISK:

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REPRESENTATION OF THE PROPERTY OF THE PROPERTY

RESP:

Lungs CTAB-Within Normal Limits .

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Medication:

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)	Active	2016-10-27	
Unknown or N/A			
Other muscle spasm			
(ICD10:M62.838 Other muscle spasm)	Active	2016-10-27	
Unknown or N/A			
Anxiety disorder, unspecified	,		
(ICD10:F41.9 Anxiety disorder, unspecified)	Active	2016-10-27	
Unknown or N/A			
Nicotine dependence, unspecified, uncomplicated			
(ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated)	Active	2016-10-27	
Unknown or N/A			

Allergies:

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

Surgeries:

	Description	Status	Start Date	End Date
Lumbar radiculopathy at 2010.		Active		
Unknown or N/A				

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 13:49:16 pm.