Adela Lopez: Patient Information

Patient Record Number:6147

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: Adela Lopez External ID: 6147 DOB: 1937-07-14 Sex: Female

Address: 8240 Norvell Dr

City: Dallas State: Texas Postal Code: 75227 Country: USA

Emergency Contact: 214-358-5899 Home Phone: 214-723-2280 Street Address: 8244 Norvell Dr Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-25-2016.

Risk Factors: Arthritis, Chronic Pain, High Cholestrol, Neuropathy.

Family History:

Last Recorded On: 08-25-2016.

Father: Unknown.. Mother: Unknown..

Social History:

Last Recorded On: 08-25-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular. Developmental History: Well. Work Status: Disabled.

Pets: None..

Other History: Influenza November 2015...

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date : 2015-09-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2015-09-01 Relationship to Insured: Self

Payer: Molina Healthcare of Texas (Z1161)

Insured ID Number: 500000046881

Group Number:

Employer Name : Adela Lopez Copay: Insured ID Number: 523828065

Group Number:

Employer Name : Adela Lopez

Immunizations:			

Adela Lopez: Chief Complaint Patient Record Number:6147 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 24-May-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of the following chronic conditions hypertension, neuropathy, diabetes 2, hyperlipidemia, and chronic pain. Patient complains of neck pin and leg pain in both legs.

History of Present illness:

HPI Status:Finalized

Patient is an 78-year-old female in NAD who presents with multiple chronic conditions of hypertension, chronic pain, heart disease, neuropathy, diabetes 2, and hyperlipidemia. Patient states she has chronic pain that starts at the back of her neck and radiates down to both legs. Patient rates pain 8/10. Patient denies chest pain, nausea/vomiting or headaches recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-05-24	123	77	0.00	63.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

School Section No Chest Pain

No. Shapen Markets

Not Michigan Section Batianth

No **setti i territorio del** Sol

Herito Robelte Mark 1965 St Motion YES

Physical Exam:

BEERO:

BANGE PROFITE TO A PROFITE AND A PROFITE AN

BANKEMITIES:

СУМРН:

Person Statistical Communication of the communicati

MUSC:

Struemouth-RAthrepGrattopismVitstMiretaloress Limits.

ROM-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue current medication and 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 and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Diabetes mellitus 2 with neuropathy, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Coronary artery disease, continue current plan.
- 4. Neuropathy, continue current plan.

- 5. Hyperlipidemia, continue current plan.
- 6. Chronic pain syndrome, continue current pain medication.
- 7. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows: Tramadol 50 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-24	
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	2016-05-24	
Chronic ischemic heart disease, unspecified (ICD10:l25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-05-24	
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2016-04-30	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-30	
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-30	
Pain in unspecified hip (ICD10:M25.559 Pain in unspecified hip) Unknown or N/A	Active	2016-04-30	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-04-30	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-11	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-11	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-11	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-04-11	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-04-11	

Allergies:

Description		Status	Start Date	End Date
No known drug allergies. Unknown or N/A		Active		
		7.00		

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: Calvary Healthcare Inc

Primary Justification Medical Conditions: diabetes,hyperlipidemia,HTN,Heart_Disease,Mobility_Impairments

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 chronic pain and mobility impairment.

Certification Statement: Patient is home bound due to chronic pain and mobility impairment. Patient experience weakness with

poor balance and this places patient at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-05-24 03:51 **Signed By (Physician):** 18

Signed on (Physician): 2016-05-30 03:51

Form_status: finalized

Procedure Order:

Patient ID	6147	Order ID	568
Patient Name	Lopez, Adela	Ordered By	Love-Jones, Derrick
Order Date	2016-09-03	Print Date	2016-09-03
Order Status	complete	Encounter Date	2016-09-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-03		Final ✓		0097	Pulse Oximetry	Yes	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-05-31.

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