Willie Suniga: Patient Information

Patient Record Number:3856

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: Willie Suniga External ID: 3856 **DOB**: 1929-02-16 Sex: Male **S.S.**: 462-34-7893

User Defined: 972-285-2705

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNAQU1ZNS1yTEY3bGc

Address: 1142, Lindo Dr

City: Mesquite State: Texas Postal Code: 75149 Country: USA

Emergency Phone: 972-672-3416 Home Phone: 972-285-2705 Street Address: 1142, Lindo Dr Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-09-2016. Risk Factors: GERD, Neuropathy.

Additional Medical History: Parkinson's disease.

Family History:

Last Recorded On: 11-09-2016. Father: Deceased with CVA..

Mother: Died with AAA when he was 10..

Siblings: Two brothers. One brother with CVA and another brother died with cancer. One sister died with unknown cause..

Social History:

Last Recorded On: 11-09-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol. Status: Never

Status: Never Recreational Drugs: No drug abuse.

Nutrition History: Regular.

Developmental History: Education level is high school grade..

Tests and Exams:

Last Recorded On: 11-09-2016.

Mammogram (>40yrs, Yearly) N/A Done Sigmoid/Colonoscopy N/A Done Prostate Exam N/A Done

Insurance:

United Health Care (87726)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A
Payer: United Health Care (87726)

Copay: Insured ID Number: 857277197 Group Number: Employer Name: Willie Suniga

Immunizations:

Willie Suniga: Chief Complaint Patient Record Number:3856 Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

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Seen by Sumana Ketha MD Seen on 04-October-2016

Chief Complaint Status: finalized

Follow up home visit for management of chronic obstructive pulmonary disease, gastroesophageal reflux disease, Parkinson disease, tremors, cerebrovascular effects, neuropathy, congestive heart failure, hypertension, and dementia. Patient family states that the dementia is increasing and patient is not getting out of bed as often.

History of Present illness:

HPI Status:Finalized

Patient is an 87-year-old male in NAD with multiple chronic conditions. Patient family states that patient's dementia has increased and is no longer getting out of bed as often. Per family, patient is totally blind and needs help getting around the house. Per family, patient may be going on hospice. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-10-04	149	88	134.00	62.00	97.80	14.00	~	24.5	0.00

Review of Systems:

Constitutional:

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NOTE OF THE PROPERTY OF THE PR

NeaDigativitation YES NorGhartjetid/Alseatiation No Blood In Stool

Physical Exam:

5**813**81):

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BLAISK:

GEOGRAPHANIA INCIDENTALISMENT OF THE STATE O

CV:

RORI-Witthim Nommall Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY,			
Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-05-16	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Carbidopa-Levodopa ,25-100 MG TABS, 1 TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A Active 2015-03-17 by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA AmLODIPine Besylate ,10 MG TABS, ONCE A DAY, Quantity: 90, Refill Quantity: 2 Active 2014-08-21 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Losartan Potassium ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90. Refill Quantity: 2 2014-08-21 Unknown or N/A Active by Jones, Derrick - MJ3217331 Texas Physician House Calls Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 2 Active 2014-08-21 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

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. The patient caregiver 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 and family. Prognosis is fair and patient is stable. Patient caregiver was given card with number to the office for any questions or concerns. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Parkinson's Disease continue current plan
- 2. Dementia continue current plan
- 3. Tremors continue current plan
- 4. Congestive heart failure with systolic complications continue current plan
- ${\bf 5.}\ {\bf Chronic\ obstructive\ pulmonary\ disease\ continue\ current\ plan}$
- 6. Hypertension with vascular complications continue current plan
- 7. Neuropathy continue current plan
- 8. Gastroesophageal reflux disease continue current plan
- 9. CVA Effects continue to monitor

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Essential and other specified forms of tremor (ICD10:G25.0 Essential tremor) (ICD10:G25.2 Other specified forms of tremor) Unknown or N/A	Active	2015-10-01	
Abnormal involuntary movements (ICD10:R25.9 Unspecified abnormal involuntary movements) 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
Unspecified idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Late effects of cerebrovascular disease (ICD10:l69.30 Unspecified sequelae of cerebral infarction) Unknown or N/A	Active	2015-10-01
Arthropathy (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Personal history of unspecified malignant neoplasm (ICD10:Z85.9 Personal history of malignant neoplasm, unspecified) Unknown or N/A	Active	2015-10-01
Other abnormal glucose (ICD10:R73.09 Other abnormal glucose) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Secondary parkinsonism (ICD10:G21.9 Secondary parkinsonism, unspecified) Unknown or N/A	Active	2015-10-01
Malignant neoplasm of prostate (ICD10:C61 Malignant neoplasm of prostate) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date	
No Known Drug Allergies	Active			
Unknown or N/A	, tolive			

Surgeries:

Description	Status	Start Date	End Date
TIA on 2011	Active	2015-08-12	
Unknown or N/A	Active	2010 00 12	
Rehab several months on 2011-2013 at VA Unknown or N/A	Active	2015-08-12	
Followup rehab on 2013 Unknown or N/A	Active	2015-08-12	

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: blindness,COPD,HTN,Prostate_Cancer **Additional Medical Conditions:** Dementia, Neuropathy, CVA Effects, Parkinson's Dz

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to Parkinson's disease and then ability to self medicate

correctly.

Certification Statement: No skilled nursing needed due to family requests.

Signed by (NP): 16

Signed by (NP): 2016-10-04 08:37 Signed By (Physician): 18 Signed on (Physician): 2016-10-11 08:37

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Brief Attends Breathable Large 72/CS Unknown or N/A	Active		
Underwear, Per-Fit large 72/CS Unknown or N/A	Active		
Underpad Prevail Green 120/CS Unknown or N/A	Active		
Wipes Adult Flip Top Soft Pack Unknown or N/A	Active		
Semi-electric hospital bed Unknown or N/A	Active		



Electronically Signed by Sumana Ketha, MD on 2016-10-11.

Printed on 09-Nov-2016 19:53:39 pm.