

Jose Diaz: Patient Information
Patient Record Number:6310

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: Jose Diaz
External ID: 6310
DOB: 1930-03-21
Sex: Male
S.S.: 545-99-6073
Marital Status: Widowed

Address: 2240 Utica Dr
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Emergency Phone: 214-552-3000
Home Phone: 214-554-5037
Mobile Phone: 214-554-7833
Street Address: 2240 Utica Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-04-2016.
Father: Father deceased..
Mother: Mother deceased..
Siblings: All deceased..
Spouse: Wife had colon cancer..
Offspring: Three girls and four boys. One girl and one boy died..
Other Family Relative: No immunizations..

Social History:

Last Recorded On: 12-04-2016.
Tobacco: No tobacco use. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular. .
Developmental History: Well..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000031538
Group Number :
Employer Name : Jose Diaz

Immunizations:

Jose Diaz: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 04-October-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions of hypertension, asthma, abnormal gait, chronic pain, and urinary incontinence. Patient complains of hip pain.

History of Present illness:

HPI Status:Finalized

Patient is an 86-year-old Hispanic female in NAD with multiple chronic conditions of the following of hypertension, asthma, abnormal gait, chronic pain, and urinary incontinence. Patient speaks very little English, but son was there to translate. Patient informed me that his hips hurt and that they have been hurting for quite some time. Per patient family he stays in bed most of the day. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Family History:

Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-04	146	73	0.00	0.00	97.80	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight loss/gain:

No weight loss/gain

No fever/chills

No night sweats

No fatigue

No anorexia

No polydipsia

No polyuria/polydipsia

No edema

Physical Exam:

EXTREMITIES:

Upper and lower extremities - Within Normal Limits .

RISK:

Signs of stroke, trauma, infection, etc. - Within Normal Limits .

NEURO:

Brain and spinal cord - Within Normal Limits .

HEENT:

Head, eyes, ears, nose, throat - Within Normal Limits .

Patient appears to be in good health - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted. Medication adherence education was given to the patient and the patient educated on the benefits of low-salt, low-fat, low cholesterol diet 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 of the following ordered: CBC, CMP, A1C, TSH, VIT D, UA, LIPID LDL/HDL. The patient and caregiver verbalized

understanding of the above plan I 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. Hypertension, continue current plan.
2. Asthma, continue current plan.
3. Abnormal gait, continue to monitor.
4. Urinary incontinence, continue current plan.
5. Chronic pain syndrome, continue current pain medication.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-10-04	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-10-04	
Difficulty in walking, not elsewhere classified (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2016-10-04	
Unspecified fall, sequela (ICD10:W19.XXXS Unspecified fall, sequela) Unknown or N/A	Active	2016-10-04	

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: YES

Is House Visit Needed: NO

Next Visit Duration (in days): 31

Nursing Required: NO

Clinical Findings To Justify Home Health: No SN needed.

Signed by (NP): 16

Signed On (NP): 2016-10-04 06:26

Signed By (Physician): 18

Signed on (Physician): 2016-10-11 06:26

Form_status: finalized

Procedure Order:

Patient ID	6310	Order ID	1078
Patient Name	Diaz, Jose	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



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

Printed on 04-Dec-2016 21:10:50 pm.