

**Adela Lopez: Patient Information**  
Patient Record Number:6147

**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:** 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:** 11-05-2016.  
**Risk Factors:** Arthritis,Chronic Pain,High Cholesterol,Neuropathy.

## Family History:

**Last Recorded On:** 11-05-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-05-2016.  
**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..

## Tests and Exams:

**Last Recorded On:** 11-05-2016.  
**TSH Thyroid-Stimulating Hormone (every year)** Normal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.  
**CBC Complete Blood Count (3 months)** Abnormal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.  
**LIPIDS (once year unless chol meds)** Normal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.

**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  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**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

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**Seen by** Sumana Ketha MD  
**Seen on** 30-August-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic conditions hypertension, neuropathy, diabetes 2, hyperlipidemia, coronary artery disease, osteoarthritis, and chronic pain. Patient complains of pain in hips and her neck.

**History of Present illness:**

**HPI Status:**Finalized

Patient is an 79-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 in her left elbow and radiates down into her left hand. Patient rates pain 7/10. Patient denies chest pain, nausea/vomiting or headaches recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-30	198	79	0.00	63.00	98.60	18.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Geometric Algebraic Topology:**

**Diagnosis: Hypertension No Chest Pain**

No ~~Special~~ ~~Guests~~

**No. 51-17-156B**

**No** ~~Unstable~~ **Range** Of Motion **YES**

Need for Opioids YES

No Constipation

No Blood in Stool

### Physical Exam:

**SUMMARY:**

[illegible]

**DISSEMINITIES:**

**BODILY INJURY AND PROPERTY DAMAGE LIMITS.**

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**Medication:**

Description	Status	Start Date	End Date
<p>Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-09-05	
<p>Carvedilol ,25 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-09-05	

MetFORMIN HCl ,500 MG TABS, TAKE 1/2 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
HydrALAZINE HCl ,25 MG TABS, Take 2 Tablets oral TID, Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29
HydrALAZINE HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue current medication, no new medications noted this visit. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical conditions. Patient encouraged exercise daily as tolerated. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Peripheral vascular disease, continue current plan.
6. Coronary artery disease, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Neuropathy, continue current plan.

Medication refills as follows:

Atorvastatin 40 mg q.d.  
ASA 81 mg q.d.  
Clonidine 0.1 mg t.i.d.  
Gabapentin 100 mg t.i.d.  
Carvedilol 25 mg b.i.d.  
Metformin 500 mg 1/2 tab q.d.  
Hydralazine 25 mg t.i.d.  
Mirtazapine 7.5 mg q.d.  
Tramadol 50 mg b.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-28	
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:I25.9 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:I10 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		

## 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):** 2016-08-30 04:11

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-06 04:11

**Form\_status:** finalized

## Procedure Order:

Patient ID	6147	Order ID	909
Patient Name	Lopez, Adela	Ordered By	Love-Jones, Derrick
Order Date	2016-11-06	Print Date	2016-11-06
Order Status	complete	Encounter Date	2016-11-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-06**.

Printed on 06-Nov-2016 16:40:25 pm.