

Margarita Montoya: Patient Information
Patient Record Number:6042

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: Margarita Montoya
External ID: 6042
DOB: 1943-06-06
Sex: Female
User Defined: Edsson jaima #817-852-9763
Patient Drive Folder: 0B0x_tbqdBDPhellLdE42VEZ3U0E

Address: 1007 S Belt Line Rd
City: Grand Prairie
State: Texas
Postal Code: 75051
Country: USA
Emergency Phone: 469-989-1668
Home Phone: 469-279-6898
Mobile Phone: 469-657-0116
Street Address: 1007 S Belt Line Rd
Apt/Suite/Other: 129

Family History:

Last Recorded On: 02-03-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 02-03-2017.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2008-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 461981110A
Group Number :
Employer Name : Margarita Montoya

Immunizations:

Margarita Montoya: Chief Complaint
Patient Record Number:6042

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Seen by Derrick Love-Jones
Seen on 03-May-2016

Chief Complaint Status:finalized

Follow up home visit for management of chronic conditions of hypertension with vascular complications, debility, conductive hearing loss, blindness, and hyperlipidemia. Patient complains of cough and congestion x 2-3 days.

History of Present illness:

HPI Status:Finalized

A 72-year-old female with multiple chronic conditions of hypertension, hyperlipidemia, diabetes mellitus type 2, and hard of hearing. Patient states she has had a cough and chest congestion for 2-3 days and has had no relief. Patient denies any other issues or complaints upon examination. Patient denies pain at this time. Patient denies chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-03	125	98	208.00	60.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No Weight Loss
No Polyuria/Polydipsia
No Polyphagia
No Night Sweats
No Excessive Thirst
No Excessive Hunger
No Changes in Appetite
No Change in Stool
No Obstruction

Physical Exam:

HEENT:

ENT: Within Normal Limits .

HEENT:

ENT: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Blood Glucose Test , STRP, TEST TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-08	

MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET BY MOUTH TWICE
DAILY, Quantity: 180, Refill Quantity: 0
Unknown or N/A
by ketha, Dr sumana - BK6230281
Texas Physician House Calls

Active

2016-05-23

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. 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, blurry vision or systolic blood pressure greater than 200. No labs need at this visit. Patient verbalized understanding of the above plan I was given the office. 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. Hyperlipidemia, continue current plan.
3. Debility, continue current plan.
4. Conductive hearing loss, continue current plan.
5. Blindness, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-07-20	
Unspecified hearing loss, unspecified ear (ICD10:H91.90 Unspecified hearing loss, unspecified ear) Unknown or N/A	Active	2016-03-23	
Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication (ICD10:E08.39 Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication) Unknown or N/A	Active	2015-11-18	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-11-18	
Unspecified disorder of binocular vision (ICD10:H53.30 Unspecified disorder of binocular vision) Unknown or N/A	Active	2015-11-18	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-18	
Age-related physical debility (ICD10:R54 Age-related physical debility) Unknown or N/A	Active	2015-11-18	
Blindness, left eye, low vision right eye (ICD10:H54.12 Blindness, left eye, low vision right eye) Unknown or N/A	Active	2015-11-18	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-11-04	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-11-04	
Conductive hearing loss, unspecified (ICD10:H90.2 Conductive hearing loss, unspecified) Unknown or N/A	Active	2015-11-04	
Other malaise (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-11-04	

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Grandcare Home Health

Primary Justification Medical Conditions: Deafness,diabetes,hyperlipidemia,HTN

Additional Medical Conditions: Debility.

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 debility and inability to self medicate

Certification Statement: Patient is home bound due to debility. Patient is weak with poor balance and at risk for fall

Signed by (NP): 16

Signed On (NP): 2016-05-03 03:34

Signed By (Physician): 18

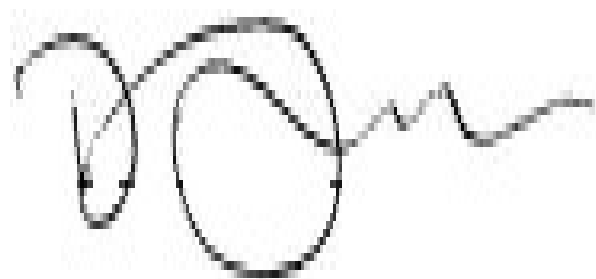
Signed on (Physician): 2016-05-09 03:34

Form_status: finalized

Procedure Order:

Patient ID	6042	Order ID	522
Patient Name	Montoya, Margarita	Ordered By	Love-Jones, Derrick
Order Date	2017-02-04	Print Date	2017-02-04
Order Status	complete	Encounter Date	2017-02-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-02-04		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-05-09**.

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