

**Jacquelyn Prater: Patient Information**  
Patient Record Number:2042

**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:** Jacquelyn Prater  
**External ID:** 2042  
**DOB:** 1953-07-03  
**Sex:** Female  
**S.S.:** 439-02-1472  
**Marital Status:** Divorced  
**Patient Drive Folder:** +19729190425-0608-151539-290

**Address:** 2255 N Washington Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75204  
**Country:** USA  
**Mobile Phone:** 214-779-7966  
**Street Address:** 2255 N Washington Ave  
**Apt/Suite/Other:** APT#303

## Family History:

**Last Recorded On:** 12-07-2016.  
**Father:** Father died of unknown disease..  
**Mother:** Mother died of brain cancer, hypertension, and diabetes mellitus 2..  
**Siblings:** Three brothers are alive, two brothers are died. Three sisters are alive and one sister died..  
**Offspring:** Three children, one is deceased..

## Social History:

**Last Recorded On:** 12-07-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 12-07-2016.  
**X Ray** Normal X-ray done on 09/20/2016 is normal.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2012-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 439021472A  
**Group Number :**  
**Employer Name :** Jacquelyn Prater  
**Copay :**  
**Insured ID Number :** 512359830  
**Group Number :**  
**Employer Name :** Jacquelyn Prater

## Immunizations:

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-30	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-30	
Chronic obstructive pulmonary disease with acute lower respiratory infection ( ICD10:J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection) Unknown or N/A	Active	2016-05-30	
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-05-30	
Major depressive disorder, single episode, mild ( ICD10:F32.0 Major depressive disorder, single episode, mild) Unknown or N/A	Active	2016-05-30	

Printed on 11-Dec-2016 22:15:13 pm.