

Dorothy Standifer: Patient Information
Patient Record Number:6162

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: Dorothy Standifer
External ID: 6162
DOB: 1947-10-27
Sex: Female
S.S.: 464705669
User Defined: Pt can't talk, We Need to text for communicating with her
genericval1: 469-258-5066

Address: 3550 E Overton Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 469-324-8174
Street Address: 3550 E Overton Rd
Apt/Suite/Other: 2305 Bldg 53

Past Medical History:

Last Recorded On: 10-01-2016.
Risk Factors: Arthritis,Chronic Pain,Heart Burn, Reflux.

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown..
Mother: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Current every day smoker Smokes daily. **Status:** Current
Alcohol: Drinks occasionally. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Seatbelt Use: Yes..
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Pets: None..

Tests and Exams:

Last Recorded On: 10-01-2016.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Normal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 464705669D
Group Number :
Employer Name : Dorothy Standifer

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Severe persistent asthma with status asthmaticus (ICD10:J45.52 Severe persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-05-06	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-06	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-06	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-06	

CPO:

Provider Id:Perkins Darolyn



Electronically Signed by **Darolyn Perkins** on **2016-06-08 at 17:50**.

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