Sarah Khan: Patient Information

Patient Record Number:3632

Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310, Email:hhsupport@texashousecalls.com

Name: Sarah Khan External ID: 3632 **DOB**: 1952-10-13 Sex: Female S.S.: 454-37-4506

User Defined: Schedule on Mon, Wed & Friday

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXTDFUd1VRa19INTQ

Address: 3547 Ridgeoak Way

City: Farmers Branch State: Texas Postal Code: 75234

Country: USA Home Phone: 469-831-8121

Street Address: 3547 Ridgeoak Way, Farmers Branch

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-17-2016.

Additional Medical History: Parkinson's disease...

Family History:

Last Recorded On: 08-17-2016. Father: Reviewed and same...

Offspring: Patient has three children..

Primary Family Med Conditions:

Last Recorded On: 08-17-2016.

Chronic Conditions: Diabetes, Heart Failure, Hypertension.

Social History:

Last Recorded On: 08-17-2016.

Tobacco: Never smoker No smoking Status: Never

Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Good..

Developmental History: Educational level is masters..

Work Status: Disabled.

Other History: Influenza in 2014. Pneumovax in 2012. PAP 5 years ago. Physical in 2014...

Tests and Exams:

Last Recorded On: 08-17-2016.

CBC Complete Blood Count (3 months) Abnormal Done on 05/15/2014, at MetroStat, Ordered by Dr.

Sumana Ketha.

CXR - Chest X Ray N/A

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary
Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority: Primary Start Date : 2013-05-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Secondary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 454374506W

Group Number :

Employer Name : Sarah Khan

Copay:

Insured ID Number: 454374506W

Group Number :

Employer Name: Sarah Khan

Copay : Insured ID Number : 525623098

Group Number:

Employer Name : Sarah Khan

Immunizations:

CPO:

Provider Id:Love-Jones Derrick



Electronically Signed by Derrick Love-Jones on 2016-07-06 at 05:45.

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