**Ebony Rivers: Patient Information** 

Patient Record Number:6159

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: Ebony Rivers External ID: 6159 DOB: 1986-01-14 Sex: Female **S.S.**: 466775798

Address: 9315 Cuba St

City: Dallas State: Texas Postal Code: 75217 Country: USA

Mobile Phone: 214-859-8922 User Email: queen429es@gmail.com Street Address: 9315 Cuba St Apt/Suite/Other: House

## **Family History:**

Last Recorded On: 10-16-2016. Father: Father deceased diabetes..

Mother: Mother is alive with complaints of PE/DVT, hypertension, diabetes mellitus, and cellulitis..

Siblings: Six sisters and eight brother are alive..

Offspring: No children..

### **Social History:**

Last Recorded On: 10-16-2016.

Tobacco: Current some day smoker Smokes 1/2 packet per day. Status: Current

Alcohol: Occasionally drinks. Status:

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular..

Developmental History: Education level is Associate of Applied Science..

Other History: Influenza 2015..

#### **Tests and Exams:**

Last Recorded On: 10-16-2016.

Mammogram (>40yrs, Yearly)&nbsp&nbsp N/A&nbsp&nbsp Done in 2015.

Sigmoid/Colonoscopy&nbsp&nbsp N/A&nbsp&nbsp Colonoscopy done three years ago.

PAP Smear&nbsp&nbsp N/A&nbsp&nbsp Done in 2015 within normal limits.

#### Insurance:

#### **Medicare B Texas (SMTX0)**

**Priority**: Primary **Start Date**: 2010-07-01

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 : 466775798A

**Group Number:** 

Employer Name: Ebony Rivers Copay: Insured ID Number: 506533585

Group Number :

**Employer Name :** Ebony Rivers

### **Immunizations:**

# **Medical Problem:**

Description	Status	Start Date	End Date
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-10	
Major depressive disorder, recurrent, moderate (ICD10:F33.1 Major depressive disorder, recurrent, moderate) Unknown or N/A	Active	2016-09-10	
Bilateral primary osteoarthritis of hip (ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2016-07-12	
Morbid (severe) obesity due to excess calories (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-07-12	
Difficulty in walking, not elsewhere classified (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2016-07-12	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-26	

Printed on 16-Oct-2016 20:22:49 pm.