Charlesetta Draper: Patient Information

Patient Record Number:2924

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: Charlesetta Draper

External ID: 2924 **DOB**: 1961-04-13 Sex: Female **S.S.**: 464-27-9993

User Defined: 214-694-4152

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5d2ZNdGZuVGdVZ3c

Address: 3550 East Overton Road Apt 1010

City: Dallas State: Texas Postal Code: 75216 Country: USA

Emergency Contact: (214) 299-3436 Work Phone: 214-694-4152 Mobile Phone: 469-438-8363

Street Address: 3550 East Overton Road Apt/Suite/Other: Building #49, Apt #1010

Past Medical History:

Last Recorded On: 11-19-2016.

Risk Factors: Degenerative Joint Disease. Additional Medical History: Obesity..

Family History:

Last Recorded On: 11-19-2016. Father: Father deceased..

Mother: Mother deceased with cancer..

Offspring: No children..

Social History:

Last Recorded On: 11-19-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: Social drinker. Status: Current

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Low sugar...

Other History: Social weed. Had colonoscopy exam in 2014.

Tests and Exams:

Last Recorded On: 11-19-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1994-03-01 Relationship to Insured: Self

Type : N/A
Payer : Medicare B Texas (SMTX0)

Priority: Secondary
Start Date: 2013-03-21
Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay : Insured ID Number : 464279993A

Group Number : Employer Name : Charlesetta Draper

Copay:

Insured ID Number: 507270887

Group Number :

Employer Name : Charlesetta Draper

Immunizations:

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