

Adela Lopez: Patient Information
Patient Record Number:6147

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: Adela Lopez
External ID: 6147
DOB: 1937-07-14
Sex: Female

Address: 8240 Norvell Dr
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Emergency Contact: 214-358-5899
Home Phone: 214-723-2280
Street Address: 8244 Norvell Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-05-2016.
Risk Factors: Arthritis,Chronic Pain,High Cholesterol,Neuropathy.

Family History:

Last Recorded On: 11-05-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 11-05-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Pets: None..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 11-05-2016.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.
LIPIDS (once year unless chol meds) Normal Done on 06/06/2016 at Choice Clinical Laboratory, Ordered by Dr. Ketha.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000046881
Group Number :
Employer Name : Adela Lopez
Copay :
Insured ID Number : 523828065
Group Number :
Employer Name : Adela Lopez

Immunizations:

Medication:

Description	Status	Start Date	End Date
Aspirin ,81 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-19	

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2016-04-30	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-30	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-30	
Pain in unspecified hip (ICD10:M25.559 Pain in unspecified hip) Unknown or N/A	Active	2016-04-30	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-04-30	