

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

Mammogram (>40yrs, Yearly) N/A Done 3 years ago

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:



Electronically Signed by **Sumana Ketha, MD** on **2016-06-03 at 17:56.**

Printed on 26-Sep-2016 15:33:43 pm.