Arthur Herod: Patient Information

Patient Record Number: 5944

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: Arthur Herod External ID: 5944 **DOB:** 1960-09-01 Sex: Male S.S.: 450-21-2966

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmJYSUYyTUIYeC1aNzJnLXpmQlBUOGluRmNKbC1BUDViMmE3b2p

JcDdvaGM

Address: 3928 Kingsford Ave

City: Dallas State: Texas Postal Code: 75227 Country: USA

Guardian's Name: Serrail Pattrick **Emergency Phone:** 469-328-6558 Home Phone: 214-275-3990 Street Address: 3928 Kingsford Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-06-2016.

Father: Father died... Mother: Mother alive ..

Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 10-06-2016.

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

Coffee: Drinks one cup a day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drugs. Status: Never

Counseling: **Exercise Patterns: Hazardous Activities:** Nutrition History: Well.. Developmental History: Good..

Other History: Denies flu shot and pneumonia..

Tests and Exams:

Last Recorded On: 10-06-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha. HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Normal Done on 06/21/2016 at HealthCore Lab, Ordered by

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2009-01-12 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

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

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority: Secondary Start Date: 2013-10-01 Relationship to Insured: Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 450212966A

Group Number:

Employer Name : Arthur Herod

Copay:

Insured ID Number: 450212966A

Group Number:

Employer Name : Arthur Herod

Copay: Insured ID Number: 527907979

Group Number:

Employer Name : Arthur Herod

Immunizations:

Medication:

Description	Status	Start Date	End Date
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-09-05	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

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