

Mildred Wallace: Patient Information
Patient Record Number:5908

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: Mildred Wallace
External ID: 5908
DOB: 1950-10-24
Sex: Female
Marital Status: Single
User Defined: Schedule on Mon, Wed & Friday
genericval1: 214-288-1428
Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCZ3ZMU1FpdFRRaDg

Address: 9308 Beck Ave
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Mother's Name: Dialysis on Tuesday and Thursdy
Home Phone: 214-859-0227
Street Address: 9308 Beck Ave
Apt/Suite/Other: 106

Past Medical History:

Last Recorded On: 12-07-2016.
Risk Factors: Lumbago.

Family History:

Last Recorded On: 12-07-2016.
Father: Father died of diabetes mellitus type 2..
Mother: Mother died of child birth and hypertension..
Siblings: Two brothers alive and healthy and one brother died of diabetes mellitus type 2, coronary artery disease, hypertension.
One sister alive with diabetes mellitus type 2 and hypertension and another sister died of breast cancer..
Offspring: Patient has three daughters who are alive and healthy..

Primary Family Med Conditions:

Last Recorded On: 12-07-2016.
Chronic Conditions: Diabetes,Hypertension,Ischemic Heart Disease,Female/Male Breast Cancer.

Social History:

Last Recorded On: 12-07-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Good..
Developmental History: Well..
Other History: One year of college..

Tests and Exams:

Last Recorded On: 12-07-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-10
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : 458948774A
Group Number :
Employer Name : Mildred Wallace
Copay :
Insured ID Number : 458948774A
Group Number :
Employer Name : Mildred Wallace
Copay :
Insured ID Number : H68314344
Group Number :
Employer Name : Mildred Wallace

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease (ICD10:I13.11 Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease) Unknown or N/A	Active	2016-11-09	
Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2016-11-09	
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease (ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2016-11-09	
Other polyosteoarthritis (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2016-11-09	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	

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