Joann Shoulder: Patient Information

Patient Record Number:6013

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: Joann Shoulder External ID: 6013 DOB: 1958-10-11 Sex: Female S.S.: 436-19-6361

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd\_SfCTDF3bVJVeGNQbmc

Address: 1415 Bennett Ave, Apt #P

City: Dallas State: Texas Postal Code: 75206 Country: USA

Guardian's Name: James Ward(Spouse) Emergency Contact: Dialysis On Tue, Thu & Sat

**Emergency Phone:** 469-438-2990 Home Phone: 985-415-7976 Street Address: 1415 Bennett Ave

Apt/Suite/Other: P

### **Family History:**

Last Recorded On: 07-14-2016.

Father: Father is blind and deceased. He complains of hypertension and diabetes..

Mother: Mother is deceased with end-stage renal disease, diabetes mellitus and hypertension..

Siblings: Three were deceased and eight are alive. There are 3 males and 5 females..

Other Family Relative: Grandparents, paternal 1 and maternal 1...

### **Social History:**

Last Recorded On: 07-14-2016.

**Tobacco:** Current every day smoker Smokes one packet per day. Status: Current

Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never Other History: Influenza in 2014. Tetanus in 2015...

#### Insurance:

#### **Medicare B Texas (SMTX0)**

**Priority:** Primary Start Date: 2009-03-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

**Priority**: Secondary Start Date: 2015-10-01 Relationship to Insured: Self Type: N/A

Payer: Amerigroup TX (27514)

Copay:

Insured ID Number: 436196361A

**Group Number:** 

Employer Name: Joann Shoulder

Copay:

**Insured ID Number**: 616484397

**Group Number:** 

Employer Name: Joann Shoulder

# **Immunizations:**

# **Medical Problem:**

Description	Status	Start Date	End Date
Diabetes mellitus due to underlying condition with diabetic polyneuropathy (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-06-02	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-06-02	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-16	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-09	
Essential (primary) hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09	



Electronically Signed by Sumana Ketha, MD on 2016-09-16 at 09:40.

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