

Carrie Herod: Patient Information
Patient Record Number:5946

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: Carrie Herod

External ID: 5946

DOB: 1928-12-01

Sex: Female

S.S.: 452-52-4397

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3UUFUWXM

Address: 3928 Kingsford Ave

City: Dallas

State: Texas

Postal Code: 75227

Country: USA

Guardian's Name: Serrial 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: 07-22-2016.

Father: Father died of enlarged heart..

Mother: Mother died of unknown cancer..

Siblings: One brother died of unknown disease, one sister died of unknown cancer, and two sisters are alive..

Offspring: Patient has four boys and three girls..

Social History:

Last Recorded On: 07-22-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Coffee: Drinks one cup a day. **Status:** Current

Alcohol: No alcohol use. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Counseling:

Exercise Patterns:

Hazardous Activities:

Nutrition History: Regular.

Developmental History: Well.

Other History: Pneumonia in 2015 (appointment)Denies flu shot.

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1993-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 452524397A
Group Number :
Employer Name : Carrie Herod
Copay :
Insured ID Number : 452524397A
Group Number :
Employer Name : Carrie Herod
Copay :
Insured ID Number : 507742107
Group Number :
Employer Name : Carrie Herod

Immunizations:

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