

**Billie Piggee: Patient Information**  
Patient Record Number:5640

**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:** Billie R Piggee  
**External ID:** 5640  
**DOB:** 1945-09-24  
**Sex:** Female  
**Marital Status:** Widowed  
**Patient Drive Folder:** 0B0x\_tbqdBDPhdGt1UmRFbzJMR0U

**Address:** 2255 North Washington Ave #212  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75204  
**Country:** USA  
**Home Phone:** 214-264-9146  
**Mobile Phone:** 214-777-3830  
**Street Address:** 2255 North Washington Ave  
**Apt/Suite/Other:** 212

## Past Medical History:

**Last Recorded On:** 02-11-2017.  
**Risk Factors:** Chronic Pain,GERD,Lumbago,Neuropathy.

## Family History:

**Last Recorded On:** 02-11-2017.  
**Father:** Father also died had DM2 and HTN.  
**Mother:** Mother died with DM2, MI, CKD, and CVA..  
**Siblings:** No siblings.  
**Offspring:** Patient has 5 children, 4 boys and 1 girl. All healthy..  
**Other Family Relative:** Grandfather had throat cancer and grandmother had leukemia..

## Primary Family Med Conditions:

**Last Recorded On:** 02-11-2017.  
**Chronic Conditions:** Acute Myocardial Infarction,Chronic Kidney Disease,Diabetes,Hypertension,Stroke / Transient Ischemic Attack.

## Social History:

**Last Recorded On:** 02-11-2017.  
**Tobacco:** Never smoker No smoking **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drug abuse **Status:** Never  
**Nutrition History:** Good..  
**Developmental History:** Good..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 02-11-2017.

**LIPIDS (once year unless chol meds)**&nbsp;&nbsp; Normal&nbsp;&nbsp; Done on 02/05/2016 at Evolution Lab, Ordered by Dr. Ketha.

**Mammogram (>40yrs, Yearly)**&nbsp;&nbsp; N/A&nbsp;&nbsp; Done on August 25th.

**Sigmoid/Colonoscopy**&nbsp;&nbsp; N/A&nbsp;&nbsp; Done.

**Prostate Exam**&nbsp;&nbsp; N/A&nbsp;&nbsp; Not done.

## **Insurance:**

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

**Priority :** Primary

**Start Date :** 1987-12-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Copay :**

**Insured ID Number :** 457761881A

**Group Number :**

**Employer Name :** Billie Piggee

## **Immunizations:**

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