

**Refugia Rose: Patient Information**  
Patient Record Number:1389

**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:** Refugia Rose  
**External ID:** 1389  
**DOB:** 1942-09-13  
**Sex:** Female  
**S.S.:** 449-66-7780  
**Marital Status:** Widowed  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5ZS1DWjNVeV9KSFU>

**Address:** 2413 Donna Drive  
**City:** Grand Prairie  
**State:** Texas  
**Postal Code:** 75051  
**Country:** USA  
**Emergency Contact:** Vanoy Son  
**Emergency Phone:** 469-628-0366  
**Mobile Phone:** 214-406-1271  
**Street Address:** 2413 Donna Drive  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 12-17-2016.  
**Risk Factors:** Degenerative Joint Disease.  
**Additional Medical History:** Renal stones..

## Family History:

**Last Recorded On:** 12-17-2016.  
**Father:** Father had pneumonia..  
**Mother:** Mother died with colon CA..  
**Offspring:** Four children..

## Primary Family Med Conditions:

**Last Recorded On:** 12-17-2016.  
**Risk Factors:** Pneumonia.  
**Chronic Conditions:** Colorectal Cancer.

## Social History:

**Last Recorded On:** 12-17-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..

## Tests and Exams:

**Last Recorded On:** 12-17-2016.  
**UA - Urinalysis - (Yearly - HH primary responsibility)** Abnormal Done on 04/27/2015, at Evolution

Health Services, Ordered by Dr. Sumana Ketha

**Urine Culture (prn)** Normal Done on 04/27/2015, at Evolution Health Services, Ordered by Dr. Sumana Ketha

**Mammogram (>40yrs, Yearly)** N/A Done in 2014.

**Sigmoid/Colonoscopy** N/A Done in 2009.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2007-09-01

**Relationship to Insured :** Self

**Type :** N/A

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

**Priority :** Secondary

**Start Date :** 2014-09-16

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Priority :** Secondary

**Start Date :** 2016-10-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 449667780A

**Group Number :**

**Employer Name :** Refugia Rose

**Copay :**

**Insured ID Number :** 516229202

**Group Number :**

**Employer Name :** Refugia Rose

**Copay :**

**Insured ID Number :** 516229202

**Group Number :**

**Employer Name :** Refugia Rose

## Immunizations:

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