

**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\\_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3UIFUWXM](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3UIFUWXM)

**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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