

**Dorothy Standifer: Patient Information**  
Patient Record Number:6162

**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:** Dorothy Standifer  
**External ID:** 6162  
**DOB:** 1947-10-27  
**Sex:** Female  
**S.S.:** 464705669  
**User Defined:** Pt can't talk, We Need to text for communicating with her  
**genericval1:** 469-258-5066

**Address:** 3550 E Overton Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 469-324-8174  
**Street Address:** 3550 E Overton Rd  
**Apt/Suite/Other:** 2305 Bldg 53

## Past Medical History:

**Last Recorded On:** 10-01-2016.  
**Risk Factors:** Arthritis,Chronic Pain,Heart Burn, Reflux.

## Family History:

**Last Recorded On:** 10-01-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-01-2016.  
**Tobacco:** Current every day smoker Smokes daily. **Status:** Current  
**Alcohol:** Drinks occasionally. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Seatbelt Use:** Yes..  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Work Status:** Disabled.  
**Pets:** None..

## Tests and Exams:

**Last Recorded On:** 10-01-2016.  
**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.  
**CBC Complete Blood Count (3 months)** Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)** Normal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2012-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 464705669D  
**Group Number :**  
**Employer Name :** Dorothy Standifer

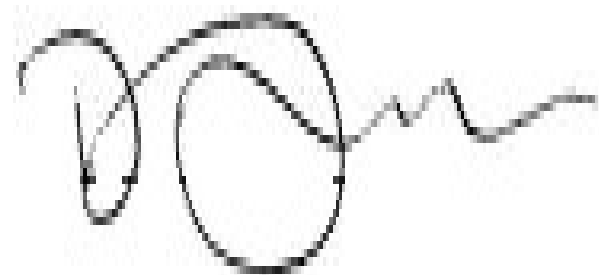
## Immunizations:

## Medical Problem:

Description	Status	Start Date	End Date
Severe persistent asthma with status asthmaticus ( ICD10:J45.52 Severe persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-05-06	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-06	
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-06	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-06	

## CPO:

**Provider Id:**Love-Jones Derrick



Electronically Signed by **Derrick Love-Jones** on **2016-08-05 at 08:49**.

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