

Vivian Amacchi: Patient Information
Patient Record Number:3471

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: Vivian L Amacchi
External ID: 3471
DOB: 1957-04-30
Sex: Female
User Defined: 214-994-5922
genericval1: 214-994-2832
genericname2: 214-325-7999
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5QjdkT2tcTZkeUE>

Address: 1103 Forester Drive
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mother's Name: 214-325-7999
Emergency Contact: Brenda (Sister)
Emergency Phone: 214-840-9623
Home Phone: 214-946-3000
Work Phone: 214-723-0871
Mobile Phone: 214-946-1404
User Email: 214-994-5922 new
Street Address: 1103 Forester Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Arthritis,High Cholesterol,Degenerative Joint Disease,Insomnia,Chronic Pain.

Family History:

Last Recorded On: 07-14-2016.
Father: Father Died in 2011 with myocardial infarction..
Mother: Mother with hypertension and diabetes..
Offspring: One child..

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Acute Myocardial Infarction,Diabetes,Hypertension.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker Smokes half a pack per day. **Status:**
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Tests and Exams:

Last Recorded On: 07-14-2016.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/19/2014, at MetroStat Laboratory Services, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 02/19/2014, at MetroStat Laboratory Services, ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A Ordered.

Sigmoid/Colonoscopy N/A Needs.

Retinal Exam N/A Consult eye doctor on 03/15

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2009-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 455086412A

Group Number :

Employer Name : Vivian Amacchi

Immunizations:

Printed on 22-Jul-2016 13:14:19 pm.