

**Joann Shoulder: Patient Information**  
Patient Record Number:6013

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texashousecalls.com

**Name:** Joann Shoulder

**External ID:** 6013

**DOB:** 1958-10-11

**Sex:** Female

**S.S.:** 436-19-6361

**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCTDF3bVJVVeGNQbmc](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCTDF3bVJVVeGNQbmc)

**Address:** 1415 Bennett Ave, Apt #P

**City:** Dallas

**State:** Texas

**Postal Code:** 75206

**Country:** USA

**Guardian's Name:** James Ward(Spouse)

**Emergency Contact:** Dialysis On Tue, Thu & Sat

**Emergency Phone:** 469-438-2990

**Home Phone:** 985-415-7976

**Street Address:** 1415 Bennett Ave

**Apt/Suite/Other:** P

## Family History:

**Last Recorded On:** 07-14-2016.

**Father:** Father is blind and deceased. He complains of hypertension and diabetes..

**Mother:** Mother is deceased with end-stage renal disease, diabetes mellitus and hypertension..

**Siblings:** Three were deceased and eight are alive. There are 3 males and 5 females..

**Other Family Relative:** Grandparents, paternal 1 and maternal 1..

## Social History:

**Last Recorded On:** 07-14-2016.

**Tobacco:** Current every day smoker Smokes one packet per day. **Status:** Current

**Alcohol:** No alcohol **Status:** Never

**Recreational Drugs:** No drugs **Status:** Never

**Other History:** Influenza in 2014. Tetanus in 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2009-03-01

**Relationship to Insured :** Self

**Type :** N/A

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

**Priority :** Secondary

**Start Date :** 2015-10-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Amerigroup TX (27514)

**Copay :**

**Insured ID Number :** 436196361A

**Group Number :**

**Employer Name :** Joann Shoulder

**Copay :**

**Insured ID Number :** 616484397

**Group Number :**

**Employer Name :** Joann Shoulder

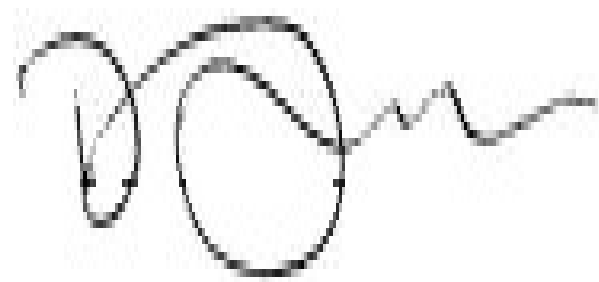
## Immunizations:

## Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with other diabetic ophthalmic complication ( ICD10:E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication) Unknown or N/A	Active	2016-02-07	
Legal blindness, as defined in USA ( ICD10:H54.8 Legal blindness, as defined in USA) Unknown or N/A	Active	2016-02-07	
Type 2 diabetes mellitus with diabetic polyneuropathy ( ICD10:E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-10	
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease ( ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2015-10-10	
End stage renal disease ( ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2015-10-09	

## CPO:

**Provider Id:**Love-Jones Derrick



Electronically Signed by **Derrick Love-Jones** on **2016-06-08 at 21:07**.

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