

**Benjamin Sykes: Patient Information**  
Patient Record Number:5943

**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:** Benjamin Sykes

**External ID:** 5943

**DOB:** 1935-10-13

**Sex:** Male

**S.S.:** 569-44-3546

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfng4b1BSTUtOX0RTWVN2MTZPNzhPRmx4Wk1XbC1vSGdvMFRxVU5xTINpb1U](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfng4b1BSTUtOX0RTWVN2MTZPNzhPRmx4Wk1XbC1vSGdvMFRxVU5xTINpb1U)

**Address:** 1720 Caddo St

**City:** Dallas

**State:** Texas

**Postal Code:** 75204

**Country:** USA

**Guardian's Name:** Norma Ross(Spouse)

**Emergency Phone:** 214-725-5585

**Home Phone:** 214-827-6595

**Street Address:** 1720 Caddo St

**Apt/Suite/Other:** Apt#1720

## Family History:

**Last Recorded On:** 07-22-2016.

**Father:** Father is alive and 99 years old..

**Mother:** Mother died of unknown cancer..

**Siblings:** Patient has one sister who is healthy and no brothers..

**Offspring:** Patient is married and has 1 boy and 4 girls who are healthy..

## Social History:

**Last Recorded On:** 07-22-2016.

**Tobacco:** Current every day smoker 1/2 ppd    **Status:** Current

**Alcohol:** Social drinker.    **Status:** Never

**Recreational Drugs:** No drug abuse.    **Status:** Never

**Nutrition History:** Regular.

**Developmental History:** Well.

**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 07-22-2016.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2000-10-01

**Relationship to Insured :** Self

**Type :** N/A

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

**Copay :**

**Insured ID Number :** 569443546A

**Group Number :**

**Employer Name :** Benjamin Sykes

**Immunizations:**

Printed on 11-Sep-2016 19:33:05 pm.