Cleotis Criddle: Patient Information

Patient Record Number:6154

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: Cleotis Criddle External ID: 6154 **DOB**: 1945-03-14

Sex: Male

Address: 2719 E Illinois Ave, Building 1

City: Dallas State: Texas Postal Code: 75216 Country: USA

Guardian's Name: Thelma Williar Emergency Contact: 214-375-9333 Mobile Phone: 214-881-9429

Street Address: 2719 E Illinois Ave, Building 1

Apt/Suite/Other: APT 214

Family History:

Last Recorded On: 10-30-2016.

Father: Father died with unknown disease.. Mother: Mother died of unknown disease..

Siblings: Two brothers died and two sisters are alive.. Offspring: One boy and one girl, both are healthy..

Social History:

Last Recorded On: 10-30-2016.

Tobacco: Never smoker No smoking. Status: Never Alcohol: Drinks alcohol socially. Status: Never Recreational Drugs: No drugs. Status: Never Developmental History: Education level is 9th grade.. Other History: Influenza 2015. Pneumovax 2014..

Tests and Exams:

Last Recorded On: 10-30-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2016-04-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 500000031255

Group Number:

Employer Name: Cleotis Criddle

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-05-25	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-25	
Other asthma (ICD10:J45.998 Other asthma) Unknown or N/A	Active	2016-05-25	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-25	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-20	

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