

Estella Weaver: Patient Information
Patient Record Number:5965

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: Estella Weaver

External ID: 5965

DOB: 1950-11-18

Sex: Female

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfpTTTTmZWVRqQUpFZl9NTmc2V2xfcmdxdTdfUUd1UUpqWWWhoRVZERjVjcUE

Address: 1540 Chenault St

City: Dallas

State: Texas

Postal Code: 75228

Country: USA

Home Phone: 214-853-3045

Street Address: 1540 Chenault St

Apt/Suite/Other: Apt#3110

Family History:

Last Recorded On: 11-05-2016.

Father: Unknown.

Mother: Unknown.

Siblings: Unknown.

Social History:

Last Recorded On: 11-05-2016.

Tobacco: No smoking **Status:** Never

Coffee: **Status:** Never

Alcohol: No alcohol **Status:** Never

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

Nutrition History: Regular.

Developmental History: Well.

Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2015-07-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 452929071A

Group Number :

Employer Name : Estella Weaver

Copay :

Insured ID Number : 511277909

Group Number :

Employer Name : ESTELLA WEAVER

Immunizations:

Medical Problem:

| Description | Status | Start Date | End Date |
|--|----------|------------|------------|
| Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A | Inactive | 2015-08-12 | 2015-09-30 |
| Chronic pain syndrome (ICD9:338.4 Chronic pain syndrome) Unknown or N/A | Inactive | 2015-08-12 | 2015-09-30 |
| Spasm of muscle (ICD9:728.85 Spasm of muscle) Unknown or N/A | Inactive | 2015-08-12 | 2015-09-30 |
| Mononeuritis of unspecified site (ICD9:355.9 Mononeuritis of unspecified site) Unknown or N/A | Inactive | 2015-08-12 | 2015-09-30 |
| Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A | Inactive | 2015-08-12 | 2015-09-30 |
| Gout, unspecified (ICD9:274.9 Gout, unspecified) Unknown or N/A | Inactive | 2015-08-12 | 2015-09-30 |

Medication:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-09-06 | |

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