

Diane Smith: Patient Information
Patient Record Number:6269

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
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Name: Diane Smith
External ID: 6269
DOB: 1952-11-01
Sex: Female
S.S.: 452-52-0460
Marital Status: Widowed

Address: 2519 John West Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Mobile Phone: 469-248-2259
Street Address: 2519 John West Rd
Apt/Suite/Other: APT#7209

Family History:

Last Recorded On: 10-23-2016.
Father: Father died with hypertension, coronary artery disease, cerebrovascular accident..
Mother: Mother died with diabetes mellitus type 2, hypertension, and dementia..
Siblings: Two brothers had hypertension and one sister had chronic kidney disease..
Spouse: Two boys, one is died. One girl is alive with complains of sleep apnea, hypertension, and chronic pain syndrome..

Social History:

Last Recorded On: 10-23-2016.
Tobacco: Former smoker Stopped about 10 years ago. **Status:** Quit
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..

Tests and Exams:

Last Recorded On: 10-23-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 09/07/2016 at LabCorp, Ordered by Derrick
CBC Complete Blood Count (3 months) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick.
LIPIDS (once year unless chol meds) Normal Done on 09/07/2016 at LabCorp, Ordered by Derrick

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2012-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 452520460W
Group Number :
Employer Name : Diane Smith
Copay :
Insured ID Number : 249887001
Group Number :
Employer Name : Diane Smith

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Other polyosteoarthritis (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2016-08-23	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-08-16	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-16	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-16	

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