

George Heidleberg: Patient Information
Patient Record Number:6196

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
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Email:hhsupport@texashousecalls.com

Name: George Heidleberg
External ID: 6196
DOB: 1932-06-16
Sex: Male
S.S.: 461-46-5630

Address: 919 WOODVALE ST
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Home Phone: 214-253-3178
Mobile Phone: 214-552-1651
Street Address: 919 WOODVALE ST
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-24-2016.
Father: Father has diabetes and hypertension..
Mother: Unknown..
Siblings: Cirrhosis, diabetes mellitus, hypertension, and hyperlipidemia..
Spouse: Complains of hypertension, hyperlipidemia, congestive heart failure, chronic obstructive pulmonary disease, and dementia..
Offspring: Patient has 5 children..
Other Family Relative: Two nephews had legs amputated due to complications from diabetes..

Social History:

Last Recorded On: 11-24-2016.
Tobacco: Current every day smoker Smokes 2-3 cigars daily. **Status:** Current
Coffee: 4-8 cups per day. **Status:** Current
Alcohol: Drinks occasionally/ 1 beer **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Exercise Patterns: 15 minutes a day, light excercise. **Status:**
Sleep Patterns: 6-8 hours a night.
Nutrition History: Poor, diabetic..
Developmental History: Educational level is 2nd grade.
Work Status: Unemployed,Disabled.
Hobbies: House work. .
Other History: Physical in 2015. Flushot on 10/2014. Never had prostate exam..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1997-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : 461465630A
Group Number :
Employer Name : George Heidleberg
Copay :
Insured ID Number : H48659225
Group Number :
Employer Name : George Heidleberg

Immunizations:

Medication:

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen , 10-325 MG TABS, TAKE ONE TABLET THREE TIMES A DAY AS NEEDED FORPAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-07	

Medical Problem:

Description	Status	Start Date	End Date
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-08-10	
Other iron deficiency anemias (ICD10:D50.8 Other iron deficiency anemias) Unknown or N/A	Active	2016-08-10	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-31	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-05-31	
Type 2 diabetes mellitus with unspecified complications (ICD10:E11.8 Type 2 diabetes mellitus with unspecified complications) Unknown or N/A	Active	2016-05-05	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-05	
History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2016-05-05	
Other specified anxiety disorders (ICD10:F41.8 Other specified anxiety disorders) Unknown or N/A	Active	2016-05-05	

Printed on 24-Nov-2016 21:03:54 pm.