Cedric Green: Patient Information

Patient Record Number:5907

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: Cedric Green External ID: 5907 **DOB**: 1966-11-14 Sex: Male **S.S.**: 461722597 Marital Status: Single

User Defined: Elvira Drennon same address

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCV3llWF9CX3hibFk

Address: 2331 Kathleen Ave

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

Emergency Contact: 214-462-0183 Home Phone: 214-462-0186 Street Address: 2331 Kathleen Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-30-2016. Father: Father died of weakness.

Mother: Mother died of weakness due to breast cancer. Siblings: 4 brothers, 2 died and the other 2 unhealthy... Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 10-30-2016.

Tobacco: Current every day smoker Smokes 1 ppd. Status: Current

Alcohol: Drinks occasionally. Status: Current Recreational Drugs: No drug abuse. Status: Never Other History: Flu shot in 2014 Denies pneumonia.

Tests and Exams:

Last Recorded On: 10-30-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1990-09-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

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

Type: N/A

Payer: Superior Health Plan Texas (39188)

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

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2013-01-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

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

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: 461722597C1

Group Number :

Employer Name: Cedric Green

Copay:

Insured ID Number: 426356601

Group Number :

Employer Name: Cedric Green

Copay:

Insured ID Number: 461722597C1

Group Number:

Employer Name : Cedric Green

Copay:

Insured ID Number: 426356601

Group Number:

Employer Name: Cedric Green

Copay:

Insured ID Number: 426356601

Group Number:

Employer Name: Cedric Green

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Other convulsions (ICD9:780.39 Other convulsions) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30

Medical Problem:

Description	Status	Start Date	End Date
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-02-11	
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus (ICD10:G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus) Unknown or N/A	Active	2015-11-15	
Bilateral primary osteoarthritis of hip (ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2015-11-15	

History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2015-11-15
Moderate or severe impairment, both eyes, impairment level not further specified (ICD10:H54.2 Low vision, both eyes) Unknown or N/A	Active	2015-10-01

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