

**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\\_SfCfipTTTMzWVRqQUpFZl9NTmc2V2xfcmdxdTdfUUd1UUpqWWWhoRVZERjVjcUE](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfipTTTMzWVRqQUpFZl9NTmc2V2xfcmdxdTdfUUd1UUpqWWWhoRVZERjVjcUE)

**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:** 11-07-2016.

**Father:** Unknown.

**Mother:** Unknown.

**Siblings:** Unknown.

## Social History:

**Last Recorded On:** 11-07-2016.

**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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