

Mark Hahn: Patient Information
Patient Record Number:5604

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: Mark Hahn
External ID: 5604
DOB: 1972-04-21
Sex: Male
S.S.: 463-87-8042
Marital Status: Single
genericval1: 469-826-8932
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5VE51OWxWUIJVuUk>

Address: 1327 W Wheatland Rd
City: Dallas
State: Texas
Postal Code: 75232
Country: USA
Mother's Name: Miss turner
Emergency Phone: 469-826-8932
Home Phone: 214-779-2106
Mobile Phone: 214-874-5249
Street Address: 1327 W Wheatland Rd
Apt/Suite/Other: APT#228

Past Medical History:

Last Recorded On: 10-30-2016.
Additional Medical History: Morbid obesity, mental retardation..

Family History:

Last Recorded On: 10-30-2016.
Father: Father had skin cancer..
Mother: Mother had hypertension and hyperlipidemia..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-30-2016.
Chronic Conditions: Hyperlipidemia,Hypertension.
Chronic Body System Category: Diseases of the skin and subcutaneous tissue .

Social History:

Last Recorded On: 10-30-2016.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Good..
Developmental History: Normal..

Tests and Exams:

Last Recorded On: 10-30-2016.

TSH Thyroid-Stimulating Hormone (every year) Normal 02/04/2014

CBC Complete Blood Count (3 months) Abnormal 02/04/2014

CMP Comprehensive Metabolic Panel (3 months) Normal 02/04/2014

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2013-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2013-09-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 463878042A

Group Number :

Employer Name : Mark Hahn

Copay :

Insured ID Number : 615912464

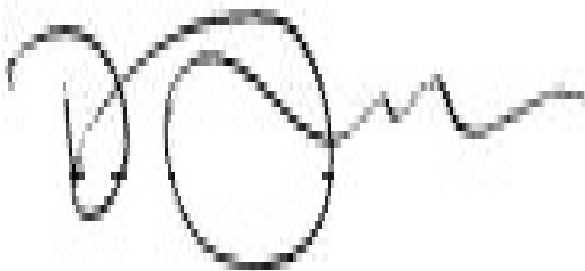
Group Number :

Employer Name : Mark Hahn

Immunizations:

CPO:

Provider Id:Love-Jones Derrick

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending from the end.

Electronically Signed by **Derrick Love-Jones** on **2016-08-08 at 20:26**.

Printed on 30-Oct-2016 19:30:06 pm.