Dorothy Standifer: Patient Information

Patient Record Number:6162

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: Dorothy Standifer External ID: 6162 **DOB**: 1947-10-27 Sex: Female S.S.: 464705669

User Defined: Pt can't talk, We Need to text for communicating with her

genericval1: 469-258-5066

Address: 3550 E Overton Rd

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

Mobile Phone: 469-324-8174 Street Address: 3550 E Overton Rd Apt/Suite/Other: 2305 Blding 53

Past Medical History:

Last Recorded On: 10-01-2016.

Risk Factors: Arthritis, Chronic Pain, Heart Burn, Reflux.

Family History:

Last Recorded On: 10-01-2016.

Father: Unknown... Mother: Unknown.. Offspring: Unknown...

Social History:

Last Recorded On: 10-01-2016.

Tobacco: Current every day smoker Smokes daily. Status: Current

Alcohol: Drinks occasionally. Status: Current Recreational Drugs: No drug abuse. Status: Never

Seatbelt Use: Yes.. Nutrition History: Regular.. Developmental History: Well.. Work Status: Disabled.

Pets: None..

Tests and Exams:

Last Recorded On: 10-01-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered

By Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered

By Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Normal Done on 08/02/2016, at HealthCore Lab,

Ordered By Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2012-10-01 Relationship to Insured : Self

 $\textbf{Type}: \mathsf{N}\!/\mathsf{A}$

Payer : Medicare B Texas (SMTX0)

Copay : Insured ID Number : 464705669D Group Number :

Employer Name : Dorothy Standifer

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Severe persistent asthma with status asthmaticus (ICD10:J45.52 Severe persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-05-06	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-06	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-06	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-06	



Electronically Signed by Sumana Ketha, MD on 2016-07-21 at 20:28.

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