

Jeffrey Sanders: Patient Information
Patient Record Number:2144

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

Name: Jeffrey Sanders

External ID: 2144

DOB: 1958-07-09

Sex: Male

S.S.: 435-11-0143

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5eFlsekpNRU5ZY1U>

Address: 3200 S Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 469-463-0018

Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 12-03-2016.

Additional Medical History: General weakness..

Family History:

Last Recorded On: 12-03-2016.

Father: Unknown..

Mother: Unknown..

Siblings: Unknown..

Offspring: Unknown..

Social History:

Last Recorded On: 12-03-2016.

Tobacco: Current every day smoker Smokes 1 pack per day **Status:** Current

Coffee: **Status:** N/A

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drugs. **Status:** Never

Nutrition History: Regular..

Developmental History: Well..

Work Status: Disabled.

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-03-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1983-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 435110143A
Group Number :
Employer Name : Jeffrey Sanders

Immunizations:

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-04	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-24	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23	

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-02	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-02	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-02	
Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm (ICD10:E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm) Unknown or N/A	Active	2015-10-01	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-01	
Disorganized type schizophrenia, chronic (ICD10:F20.1 Disorganized schizophrenia) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy (ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus) Unknown or N/A	Active	2015-10-01	

Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

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