

Maurice Smith: Patient Information
Patient Record Number:1994

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: Maurice Smith
External ID: 1994
DOB: 1939-08-16
Sex: Male
S.S.: 454-60-6271
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NmNJcUZ1WHNXUGM>

Address: 3550 East Overton Rd #2243, Bldng #4
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: Mary (Call To This # Only For Confirmation)
Emergency Phone: 214-779-1404
Home Phone: 214-337-0984
Mobile Phone: 214-861-8777
Street Address: 3550 East Overton Rd
Apt/Suite/Other: Apt #2243, Bldng #4

Past Medical History:

Last Recorded On: 10-01-2016.
Risk Factors: Incontinence.

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Current every day smoker Smokes daily. **Status:** Current
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 10-01-2016.
TSH Thyroid-Stimulating Hormone (every year) Abnormal Done on 02/06/2014 by MetroStat Diagnostics ordered by SumanaKetha.
CBC Complete Blood Count (3 months) Abnormal Done on 02/06/2014 by MetroStat Diagnostics ordered by SumanaKetha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/06/2014 by MetroStat Diagnostics ordered by SumanaKetha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-00-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Advantage by Superior HealthPlan (68069)
Priority : Secondary
Start Date : 2011-12-02
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Secondary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 454606271M
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 514572873
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : C0008687801
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 514572873
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 514572873
Group Number :
Employer Name : Maurice Smith

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Contact dermatitis and other eczema due to detergents (ICD9:692.0 Contact dermatitis and other eczema due to detergents) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Senile dementia, uncomplicated (ICD9:290.0 Senile dementia, uncomplicated) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Iron deficiency anemia secondary to blood loss (chronic) (ICD9:280.0 Iron deficiency anemia secondary to blood loss (chronic)) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled (ICD9:250.01 Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Periapical abscess without sinus (ICD9:522.5 Periapical abscess without sinus) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Contact dermatitis and other eczema due to other specified agents (ICD9:692.89 Contact dermatitis and other eczema due to other specified agents) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Iron deficiency anemia, unspecified (ICD9:280.9 Iron deficiency anemia, unspecified) Unknown or N/A	Inactive	2015-03-16	2015-09-30

Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Osteoarthritis, generalized, site unspecified (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Inactive	2015-02-11	2015-09-30
Simple type schizophrenia, unspecified (ICD9:295.00 Simple type schizophrenia, unspecified) Unknown or N/A	Inactive	2015-02-11	2015-09-30

DME:

Description	Status	Start Date	End Date
Diabetic Testing Supplies (ICD9:250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled) Unknown or N/A 2015-07-02 by Dr. Sumana Ketha	Inactive	2015-07-02	2015-09-30
Adult size pull on SM (ICD9:401.1 Benign essential hypertension) (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A 2013-11-08 by Dr. Sumana Ketha	Inactive	2013-11-08	2015-09-30

Medication:

Description	Status	Start Date	End Date
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-07	
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-30	
Donepezil HCl ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18	
Haloperidol ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18	
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-13	
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-13	
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-04	

Medical Problem:

Description	Status	Start Date	End Date
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Simple type schizophrenia, chronic (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Malignant hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema, unspecified cause (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, 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
Contact dermatitis and other eczema due to detergents (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-10-01
Senile dementia, uncomplicated (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia secondary to blood loss (chronic) (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01

Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled (ICD10:E10.9 Type 1 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Periapical abscess without sinus (ICD10:K04.7 Periapical abscess without sinus) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema due to other specified agents (ICD10:L25.8 Unspecified contact dermatitis due to other agents) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

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

DME:

Description	Status	Start Date	End Date
Adult size pull on SM (ICD10:I10 Essential (primary) hypertension) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Adult size pull on SM (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Diabetic Testing Supplies (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	

Printed on 01-Oct-2016 12:46:46 pm.