

Don Bledsoe: Patient Information
Patient Record Number:1783

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: Don Bledsoe
External ID: 1783
DOB: 1960-06-17
Sex: Male
S.S.: 448-66-8380
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Q0tnS2RHQ0RxTEk>

Address: 145 West Pioneer Parkway
City: Grand Prairie
State: Texas
Postal Code: 75051
Country: USA
Home Phone: 972-262-1556
Work Phone: 469-387-8632
Mobile Phone: 469-387-8631
Street Address: 145 West Pioneer Parkway
Apt/Suite/Other: 1077

Past Medical History:

Last Recorded On: 12-18-2016.
Risk Factors: Insomnia.
Additional Medical History: Diabetic coma in 2003..

Family History:

Last Recorded On: 12-18-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Primary Family Med Conditions:

Last Recorded On: 12-18-2016.
Risk Factors: Unknown.

Social History:

Last Recorded On: 12-18-2016.
Tobacco: Current every day smoker Smokes 1 packet per day **Status:** Current
Alcohol: No smoking. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: ADA diet..
Developmental History: Well..
Sexual History: Single..
Other History: Lives alone..

Tests and Exams:

Last Recorded On: 12-18-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 04/28/2014, at MetroStat, By Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 04/28/2014, at MetroStat, By Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 04/28/2014, at MetroStat, By Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Normal Done on 04/28/2014, at MetroStat, By Dr. Sumana Ketha.

Sigmoid/Colonoscopy Normal Normal on 2014.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2002-07-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 448668380A

Group Number :

Employer Name : Don Bledsoe

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Need for assistance at home and no other household member able to render care (ICD10:Z74.2 Need for assistance at home and no other household member able to render care) Unknown or N/A	Active	2016-02-26	
Long term (current) use of insulin (ICD10:Z79.4 Long term (current) use of insulin) Unknown or N/A	Active	2015-10-29	
Pseudobulbar affect (ICD10:F48.2 Pseudobulbar affect) Unknown or N/A	Active	2015-10-01	
Late effect of intracranial injury without mention of skull fracture (ICD10:S06.9X9S Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela) 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	

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