

Cedric Green: Patient Information
Patient Record Number:5907

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: Cedric Green
External ID: 5907
DOB: 1966-11-14
Sex: Male
S.S.: 461722597
Marital Status: Single
User Defined: Elvira Drennon same address
Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCV3IIWF9CX3hibFk

Address: 2331 Kathleen Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: 214-462-0183
Home Phone: 214-462-0186
Street Address: 2331 Kathleen Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 07-14-2016.
Father: Father died of weakness.
Mother: Mother died of weakness due to breast cancer.
Siblings: 4 brothers , 2 died and the other 2 unhealthy..
Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker smokes 1 ppd **Status:** Current
Alcohol: Drinks occasionally. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Other History: Flu shot in 2014 Denies pneumonia.

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 461722597C1
Group Number :
Employer Name : Cedric Green
Copay :
Insured ID Number : 426356601
Group Number :
Employer Name : Cedric Green
Copay :
Insured ID Number : 461722597C1
Group Number :
Employer Name : Cedric Green
Copay :
Insured ID Number : 426356601
Group Number :
Employer Name : Cedric Green

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Other convulsions (ICD9:780.39 Other convulsions) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30

Medical Problem:

Description	Status	Start Date	End Date
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-02-11	
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus (ICD10:G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus) Unknown or N/A	Active	2015-11-15	
Bilateral primary osteoarthritis of hip (ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2015-11-15	
History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2015-11-15	

Moderate or severe impairment, both eyes, impairment level not further specified

(ICD10:H54.2 Low vision, both eyes)

Active

2015-10-01

Unknown or N/A

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