

Bessie Rufus: Patient Information
Patient Record Number:5789

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: Bessie Rufus
External ID: 5789
DOB: 1928-05-02
Sex: Female
Marital Status: Widowed
User Defined: Should not schedule appointment on Tuesday
Patient Drive Folder: 214-375-9426 CALL THIS #

Address: 2715 Wilhurt Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Brenda (niece)
Emergency Contact: Vickie Derm (GD)
Emergency Phone: 190-359-3377
Home Phone: 469-867-5403
Mobile Phone: 214-375-9426
Street Address: 2715 Wilhurt Avenue
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-09-2016.
Additional Medical History: CAD and bradycardia..

Family History:

Last Recorded On: 10-09-2016.
Father: Father alive, complaints of COPD and ETOH abuse.
Mother: Mother deceased, complaints of TB..
Siblings: Sister died of COPD..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-09-2016.
Risk Factors: Pneumonia.
Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis.

Social History:

Last Recorded On: 10-09-2016.
Tobacco: Current every day smoker Chewing tobacco x10 years. **Status:** Current
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Other History: Influenza 2014 Pneumovax 2011.

Tests and Exams:

Last Recorded On: 10-09-2016.

Mammogram (>40yrs, Yearly) N/A done

Sigmoid/Colonoscopy N/A done

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1993-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2012-02-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 450480485A

Group Number :

Employer Name : Bessie Rufus

Copay :

Insured ID Number : 520164666

Group Number :

Employer Name : Bessie Rufus

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) 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	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	

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