

**Ebony Rivers: Patient Information**  
Patient Record Number:6159

**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:** Ebony Rivers  
**External ID:** 6159  
**DOB:** 1986-01-14  
**Sex:** Female  
**S.S.:** 466775798

**Address:** 9315 Cuba St  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75217  
**Country:** USA  
**Mobile Phone:** 214-859-8922  
**User Email:** queen429es@gmail.com  
**Street Address:** 9315 Cuba St  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 10-16-2016.  
**Father:** Father deceased diabetes..  
**Mother:** Mother is alive with complaints of PE/DVT, hypertension, diabetes mellitus, and cellulitis..  
**Siblings:** Six sisters and eight brother are alive..  
**Offspring:** No children..

## Social History:

**Last Recorded On:** 10-16-2016.  
**Tobacco:** Current some day smoker Smokes 1/2 packet per day. **Status:** Current  
**Alcohol:** Occasionally drinks. **Status:**  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is Associate of Applied Science..  
**Other History:** Influenza 2015..

## Tests and Exams:

**Last Recorded On:** 10-16-2016.  
**Mammogram (>40yrs, Yearly)** N/A Done in 2015.  
**Sigmoid/Colonoscopy** N/A Colonoscopy done three years ago.  
**PAP Smear** N/A Done in 2015 within normal limits.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2010-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 466775798A  
**Group Number :**  
**Employer Name :** Ebony Rivers  
**Copay :**  
**Insured ID Number :** 506533585  
**Group Number :**  
**Employer Name :** Ebony Rivers

## Immunizations:

## Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-10	
Major depressive disorder, recurrent, moderate ( ICD10:F33.1 Major depressive disorder, recurrent, moderate) Unknown or N/A	Active	2016-09-10	
Bilateral primary osteoarthritis of hip ( ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2016-07-12	
Morbid (severe) obesity due to excess calories ( ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-07-12	
Difficulty in walking, not elsewhere classified ( ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2016-07-12	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-26	

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