Sandra Demus: Patient Information

Patient Record Number: 2093

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: Sandra L Demus External ID: 2093 **DOB**: 1955-07-03 Sex: Female S.S.: 466-13-2330 Marital Status: Single genericval1: Only Derrick

Address: 12660 Jupiter Rd

City: Dallas State: Texas Postal Code: 75238 Country: USA

Mobile Phone: 469-685-3221 Street Address: 2660 Jupiter Rd

Apt/Suite/Other: Apt # 1515 Gate Code 0000

Family History:

Last Recorded On: 10-23-2016.

Father: Father alive died with hypertension and diabetes mellitus type 2. .

Mother: Mother is died with myocardial infarction and chronic obstructive pulmonary disease..

Siblings: One brother and two sisters are alive with complains of diabetes mellitus, hypertension, and also back and hip issues...

Offspring: One boy and one girl are alive and healthy..

Social History:

Last Recorded On: 10-23-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 12th grade.. Other History: Influenza 2015. Tetanus questionable 2012. .

Tests and Exams:

Last Recorded On: 10-23-2016.

Mammogram (>40yrs, Yearly) N/A Mammogram done in 2012. Sigmoid/Colonoscopy N/A Colonoscopy done in 2014.

PAP Smear N/A Pap done in 2013.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2005-09-01

Relationship to Insured : Self

Type: N/A

Payer: Medicare B Texas (SMTX0)
Priority: Secondary

Start Date: 2015-09-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 466132330A

Group Number:

Employer Name : Sandra Demus Copay: Insured ID Number: 526103594

Group Number:

Employer Name : Sandra Demus

Immunizations:

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2016-07-12 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2016-05-13 | |
| Other specified diabetes mellitus without complications (ICD10:E13.9 Other specified diabetes mellitus without complications) Unknown or N/A | Active | 2016-05-13 | |
| Other specified hypothyroidism (ICD10:E03.8 Other specified hypothyroidism) Unknown or N/A | Active | 2016-05-13 | |
| Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side (ICD10:I69.052 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side) Unknown or N/A | Active | 2016-05-13 | |

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