

Andy Thomas: Patient Information
Patient Record Number:5940

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Andy Thomas

External ID: 5940

DOB: 1927-06-25

Sex: Male

S.S.: 493-34-3794

User Defined: call in btw 10-2

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfm9yQWxjbE9ITDE5U1NhWmZRcGRyRXZCbUdyLWJOdDBybDlwRD RHdUdNblk

Address: 2655 Exeter Ave

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Guardian's Name: Helen Clewis(Daughter)

Emergency Contact: 214-732-3545

Home Phone: 214-732-3545

Street Address: 2655 Exeter Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 12-08-2016.

Father: Denies..

Mother: Denies..

Siblings: Denies..

Offspring: Patient has 2 children..

Social History:

Last Recorded On: 12-08-2016.

Tobacco: No smoking. **Status:** Never

Alcohol: No alcohol use. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Educational level is 6th grade..

Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 12-08-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 06/23/2016 at HealthCor Lab, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 06/23/2016 at HealthCor Lab, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Normal Done on 06/23/2016 at HealthCor Lab, Ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 03/04/2016 at HealthCor Lab, Ordered by Dr. Ketha.

Prostate Exam N/A Surgery done 18 years ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1992-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-26
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 439343794A
Group Number :
Employer Name : Andy Thomas
Copay :
Insured ID Number : 439343794A
Group Number :
Employer Name : Andy Thomas
Copay :
Insured ID Number : 524232116
Group Number :
Employer Name : Andy Thomas

Immunizations:

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