Jacquelyn Prater: Patient Information

Patient Record Number: 2042

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: Jacquelyn Prater External ID: 2042 **DOB**: 1953-07-03 Sex: Female **S.S.**: 439-02-1472

Marital Status: Divorced

Patient Drive Folder: +19729190425-0608-151539-290

Address: 2255 N Washington Ave

City: Dallas State: Texas Postal Code: 75204 Country: USA

Mobile Phone: 214-779-7966

Street Address: 2255 N Washington Ave

Apt/Suite/Other: APT#303

Family History:

Last Recorded On: 10-10-2016. Father: Father died of unknown disease..

Mother: Mother died of brain cancer, hypertension, and diabetes mellitus 2...

Siblings: Three brothers are alive, two brothers are died. Three sisters are alive and one sister died..

Offspring: Three children, one is deceased..

Social History:

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

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well..

Other History: Influenza November 2015...

Tests and Exams:

Last Recorded On: 10-10-2016.

X Ray Normal X-ray done on 09/20/2016 is normal.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2012-07-01

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 : 439021472A

Group Number:

Employer Name : Jacquelyn Prater Copay: Insured ID Number: 512359830

Group Number:

Employer Name : Jacquelyn Prater

Immunizations:

Medication:

Description	Status	Start Date	End Date
Catapres-TTS-1,0.1 MG/24HR PTWK, APPLY 1 PATCH WEEKLY AS			
DIRECTED, Quantity: 16, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-06	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-30	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-30	
Chronic obstructive pulmonary disease with acute lower respiratory infection (ICD10:J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection) Unknown or N/A	Active	2016-05-30	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-05-30	
Major depressive disorder, single episode, mild (ICD10:F32.0 Major depressive disorder, single episode, mild) Unknown or N/A	Active	2016-05-30	

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