

Zula Clewis: Patient Information
Patient Record Number:5987

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: Zula Clewis
External ID: 5987
DOB: 1925-09-19
Sex: Female
S.S.: 449-40-3608
Marital Status: Widowed
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdVIPS29sbWltOGM

Address: 4820 Clear Creek Rd
City: Dallas
State: Texas
Postal Code: 75232
Country: USA
Home Phone: 214-372-4474
Mobile Phone: 469-867-8687
Street Address: 4820 Clear Creek Rd
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-23-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Six children..

Social History:

Last Recorded On: 10-23-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level is 2 years college..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-23-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
LIPIDS (once year unless chol meds) Abnormal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-09-01
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 : Aetna (60054)

Copay :
Insured ID Number : 449403608A
Group Number :
Employer Name : Zula Clewis
Copay :
Insured ID Number : 449403608
Group Number :
Employer Name : Zula Clewis

Immunizations:

Medication:

Description	Status	Start Date	End Date
Eliquis ,5 MG TABS, PLACE 1 TABLET ON THE TONGUE AND ALLOW TO DISSOLVE TWO TIMES DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08	