

HRA Form

Health Plan :	Test / Demo Healthcare
Member Name :	TEST MEMBER 58
Evaluator Name :	test clinicianFE, FNP
Assessment Type :	Health Risk Assessment
DOB :	
Evaluation Date :	2022-5-19 07:11 PM
Visit Type :	In Person

Demographics

Plan	Demo
Program	TEST
LOB	LOB
Name	TEST MEMBER 58
Gender	Male
Address	add
City	
State	
Zip	
Date of Birth	
Age(as of date)	
Marital Status	
Member Identification Number	400018
HICN	
Phone Number	
Cell Number	
Alternate Contact Number	
Email	
Emergency Contact	
Phone Number	
Primary Care Physician	
Phone Number	
PCP Address	
PCP City	
PCP State	

PCP Zip	
PCP County	
Office ID	
Office Name	

### 1. Race

- ☐ Caucasian
 ☐ African American
 ☐ Asian
- ☐ Latino
 ☐ Native American
 ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaskan Native
 ☒ Other
- [Describe](#)  
 No Ethnicity

### Patient's Ethnicity

- ☐ Hispanic
 ☐ Non-Hispanic
 ☐ Other Ethnicity
- ☐ Prefer not to say

### Preferred language

- ☐ English
 ☐ Other

## Previously Documented Conditions

## Covid Screening

In the last 14 days, have you:

Traveled internationally?	Yes	No
Had known exposure to anyone diagnosed with Corona virus (COVID-19)	Yes	No
Had close contact with someone who has traveled to a high risk area?	Yes	No
Developed Fever?	Yes	No
Developed Cough?	Yes	No
Developed Flu like symptoms?	Yes	No
Developed Shortness of breath?	Yes	No

## Screenings Needed

### MICROALBUMIN

- ☒ Yes
 ☐ No
- [Status options](#)

- ☐ Member refused
- ☐ Left kit
- ☐ Collected Sample
- ☐ Mail Kit direct to member
- ☐ Microalbumin Test Barcode
- ☐ Exam Date
- ☐ Screening Result  
test result
- ☐ Diagnosis
- ☐ Comments

#### FOBT

- ☐ Yes
- ☒ No

#### A1C

- ☒ Yes
- ☐ No

- ☐ Status options
  - ☐ Member refused
  - ☐ Left kit
  - ☐ Collected Sample
  - ☐ Mail Kit direct to member
- ☐ A1C Test Barcode
- ☐ Exam Date
- ☐ Screening Result
- ☐ Diagnosis
- ☐ Comments

#### LDL

- ☐ Yes
- ☒ No

#### RETINAL EYE EXAM

- ☐ Yes
- ☒ No

#### DEXA

- ☐ Yes
- ☒ No

#### PAD

- ☒ Yes
- ☐ No

- ☐ Status options
  - ☒ Member refused
  - ☐ Exam completed
  - ☐ Environmental issue
  - ☐ Reason member refused
    - ☒ Member recently completed
    - ☐ Scheduled to complete
    - ☐ Member apprehension
    - ☐ Not interested
    - ☐ Other
- ☐ Exam Date  
2022-05-13
- ☐ PAD Testing Results (left)  
right


- ↳ Results for peripheral arterial disease testing (left)
  - ☒ Normal
  - ☐ Significant
  - ☐ Mild
  - ☐ Severe
  - ☐ Moderate
- ↳ PAD Testing Results (right)
  - right
- ↳ Results for peripheral arterial disease testing (right)
  - ☐ Normal
  - ☐ Significant
  - ☒ Mild
  - ☐ Severe
  - ☐ Moderate
- ↳ Diagnosis
  - no
- ↳ Comments
  - no

## Patient Summary

### Assessors Comments :

### Member Acknowledgment

I have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event of an emergency, call 911

Member informed of acknowledgment	<input checked="" type="checkbox"/>
Date/Time of Service/Evaluation :	2022-05-04T09:48
Time exam finished	2022-10-12T13:10
I accept the Disclosure Statement	<input checked="" type="checkbox"/>
Preventative Care checklist reviewed and left with member	<input checked="" type="checkbox"/>
Provider Signature	<div> <div>test clinicianFE</div> <div>            Digitally signed by test clinicianFE, FNP 2022-10-25, 12:35         </div> </div>
Addendum	<p>add addendum values apaseed</p> <p>membe3er surprised as is elf condiions</p> <p>nhgg</p> <p>hbg</p> <p>gmjbuig</p> <p>nkfugg</p>

	<div><div>test clinicianFE</div><div></div><div>Digitally signed by test clinicianFE, FNP 2022-11-01, 11:56</div></div>
Addendum Signature	

Disclosure Statement

Your health plan, has contracted with Focus Care to conduct a health exam on all of its Medicare members, including you. The health exam includes questions to help your health plan learn more about your current health. The exam may also find things that could effect your health. The results of the exam will help your health plan and your doctor keep you as healthy as possible.

Personal health information, or PHI, is information in your medical record that identifies the record as your record. PHI includes things like your date of birth, age, address, telephone number, and your medical history.

Most of the time, Focus Care will not release your personal information without your permission. Measures are in place to prevent your personal information from being accidentally released in writing, including by use of a computer, or orally. You may request more information about how your personal information is protected.

There are times when Focus Care is allowed to release your personal information without your permission. For example, your medical information may be given to other health care providers who take care of you. The results of this exam will be sent to your health plan and to your doctor.

Focus Care may release your personal health information to a 'business associate'. A 'business associate' is another agency that Focus Care uses to do things, such as billing. We require our 'business associates' to have security measures in place to prevent your personal information from being accidentally released in writing, including by use of a computer, or orally.

Focus Care may be required to release your personal health information, without your permission, by law. including statutes, regulations, or valid court orders.

Focus Care will obtain your permission to use or release your personal health information for any other reason.

Do you have any questions about this information? Would you like to receive this information in a different language?

Your agreement to have this medical exam means you have given your permission to Focus Care to release the results of your medical exam to your health plan and to your doctor. Do you agree?

The information obtained today and any applicable lab results (some of which may become available after subsequent analysis) may be sent to your primary care physician (PCP).