

HRA Form

Health Plan :	Test / Demo Healthcare
Member Name :	TEST MEMBER 59
Evaluator Name :	test clinicianFE, FNP
Assessment Type :	Health Risk Assessment
DOB :	1967-03-09
Evaluation Date :	2022-2-2 12:30 PM
Visit Type :	Virtual: Video & Audio Capability

Demographics

Plan	Demo
Program	TEST
LOB	LOB
Name	TEST MEMBER 59
Gender	Male
Address	yhyhj
City	city
State	va
Zip	123
Date of Birth	1967-03-09
Age(as of date)	54
Marital Status	Married
Member Identification Number	400019
HICN	
Phone Number	123
Cell Number	909
Alternate Contact Number	12390
Email	bnnhjg
Emergency Contact	fgfdgt
Phone Number	htgfth
Primary Care Physician	ghhjhyj
Phone Number	123
PCP Address	ghgh
PCP City	va
PCP State	VA

PCP Zip	12390
PCP County	conditions 1
Office ID	12390
Office Name	1239

1. Race

- ☐ Caucasian
 ☐ African American
 ☒ Asian
- ☐ Latino
 ☐ Native American
 ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaskan Native
 ☐ Other

Patient's Ethnicity

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

Preferred language

- ☒ English
 ☐ Other

comments

OTHERS

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

comments

none

↳ **Status options**

- ☒ **Member refused** ☐ Left kit ☐ Collected Sample
☐ Mail Kit direct to member

comments

collected sampled

↳ **Reason member refused**

- ☐ Member recently completed ☐ Scheduled to complete ☐ Member apprehension
☒ **Not interested** ☐ Other

↳ **Microalbumin Test Barcode**

11229012

↳ **Exam Date**

2022-01-18

↳ **Screening Result**

↳ **Diagnosis**

diag 1

↳ **Comments**

comm 1

FOBT

- ☒ **Yes** ☐ No

comments

no

↳ **Status options**

- ☒ **Member refused** ☐ Left kit ☐ Collected Sample
☐ Mail Kit direct to member

comments

samples are collected

↳ **Reason member refused**

- ☐ Member recently completed ☐ Scheduled to complete ☐ Member apprehension
☒ **Not interested** ☐ Other

↳ **FOBT Test Barcode**

11229012

↳ **Exam Date**

2021-10-18

↳ **Screening Result**

↳ **Diagnosis**

diag 2

↳ **Comments**

com 2

A1C

- ☒ **Yes** ☐ No

comments

yes

↳ **Status options**

- ☒ **Member refused** ☐ Left kit ☐ Collected Sample
☐ Mail Kit direct to member

comments

mail kit

↳ **Reason member refused**

- ☐ Member recently completed ☐ Scheduled to complete ☐ Member apprehension
☒ **Not interested** ☐ Other

↳ **A1C Test Barcode**

↳ **Exam Date**

2021-09-20

↳ **Screening Result**

↳ **Diagnosis**

diag 2

↳ **Comments**

comment 2

LDL

- ☒ **Yes** ☐ No

comments

yes

↳ **Status options**

- ☒ **Member refused** ☐ Left kit ☐ Collected Sample
☐ Mail Kit direct to member

comments

member refused

↳ **Reason member refused**

- ☐ Member recently completed ☐ Scheduled to complete ☐ Member apprehension
☒ **Not interested** ☐ Other

comments

recently completed

↳ **LDL Test Barcode**

↳ **Exam Date**

2022-01-11

↳ **Screening Result**

↳ **Diagnosis**

diag a

↳ **Comments**

comm a

RETINAL EYE EXAM

- ☒ **Yes** ☐ No

comments none others

↳ Status options

☒ Member refused ☐ Exam completed ☐ Environmental issue

comments exam completed

↳ Reason member refused

☐ Member recently completed ☐ Scheduled to complete ☐ Member apprehension
☒ Not interested ☐ Other

↳ Exam Date

2021-08-08

↳ Screening Result

↳ Diagnosis

diag b

↳ Comments

diag b

DEXA

☒ Yes ☐ No

↳ Status options

☒ Member refused ☐ Exam completed ☐ Environmental issue

comments enironmental issue

↳ Reason member refused

☐ Member recently completed ☐ Scheduled to complete ☐ Member apprehension
☒ Not interested ☐ Other

↳ Exam Date

2021-07-15

↳ Screening Result

1.99

↳ Diagnosis

diag c

↳ Comments

diag c

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

comments not interested

↳ Exam Date
2021-12-15

↳ PAD Testing Results (left)
Negative

↳ Results for peripheral arterial disease testing (left)

<input type="checkbox"/> Normal	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate
<input checked="" type="checkbox"/> Significant	<input type="checkbox"/> Severe	

comments mild

↳ PAD Testing Results (right)
Positive

↳ Results for peripheral arterial disease testing (right)

<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate
<input type="checkbox"/> Significant	<input type="checkbox"/> Severe	

comments moderated right now

↳ Diagnosis
diag d

↳ Comments
comm d

Patient Summary


Assessors Comments :

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

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 :	2022-02-02T10:28
Time exam finished	2022-02-02T11:28
I accept the Disclosure Statement	<input checked="" type="checkbox"/>

Consented to Video chat	<input checked="" type="checkbox"/>
Preventative Care checklist reviewed and left with member	<input type="checkbox"/>
Provider Signature	
Addendum	<div></div>

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).