

HRA Form

Health Plan :	Test / Demo Healthcare
Member Name :	TEST MEMBER 60
Evaluator Name :	test clinicianFE, FNP
Assessment Type :	Health Risk Assessment
DOB :	1963-03-07
Evaluation Date :	2022-2-1 11:01 AM
Visit Type :	Virtual: Video & Audio Capability

Demographics

Plan	Demo
Program	TEST
LOB	LOB
Name	TEST MEMBER 60
Gender	Male
Address	fgdfg
City	dhfhs
State	VA
Zip	counter
Date of Birth	1963-03-07
Age(as of date)	58
Marital Status	Single
Member Identification Number	400020
HICN	
Phone Number	9090901230
Cell Number	9090901230
Alternate Contact Number	1239-0
Email	abc@gmail.com
Emergency Contact	sen
Phone Number	12390
Primary Care Physician	Ton
Phone Number	123
PCP Address	pcp address 1
PCP City	city 1
PCP State	VA

PCP Zip	123
PCP County	country
Office ID	123
Office Name	PCP office 1

## 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**

comments

preferred one

## Preferred language

- ☐ English
 ☒ **Other**
- ↳ If other,

☐ African languages
 ☐ Arabic
 ☐ Chinese

☐ French
 ☐ French Creole
 ☐ German

☐ Greek
 ☒ **Gujarati**
☐ Hebrew

☐ Hindi
 ☐ Hungarian
 ☐ Italian

☐ Japanese
 ☐ Korean
 ☐ Persian

☐ Polish
 ☐ Portuguese
 ☐ Russian

☐ Scandinavian Languages
 ☐ Serbo-Croatian
 ☐ Spanish

☐ Tagalog
 ☐ Urdu
 ☐ Vietnamese

☐ Yiddish

comments

GUJARATI

## 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	Yes	No

area?		
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

comments

member refused

#### Reason member refused

☐ Member recently completed

☐ Scheduled to complete

☒ Member apprehension

☐ Not interested

☐ Other

comments

SCHEDULED

#### Microalbumin Test Barcode

112290

#### Exam Date

2021-12-15

#### Screening Result

#### Diagnosis

diag 1

#### Comments

comment 1

### FOBT

☒ Yes

☐ No

#### Status options

☒ Member refused

☐ Left kit

☐ Collected Sample

☐ Mail Kit direct to member

comments

member is refused

#### Reason member refused

☐ Member recently completed

☐ Scheduled to complete

☐ Member apprehension

☒ Not interested

☐ Other

#### FOBT Test Barcode

90120120

- ↳ Exam Date  
2022-01-19
- ↳ Screening Result
- ↳ Diagnosis  
diag 2
- ↳ Comments  
diag 2

## A1C

☒ Yes

☐ No

### ↳ Status options

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

comments

member is refused

### ↳ Reason member refused

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

comments

SCHEDULED NOW

### ↳ Describe OTHERS

- ↳ A1C Test Barcode  
90901290
- ↳ Exam Date  
2022-01-11
- ↳ Screening Result
- ↳ Diagnosis  
diag 3
- ↳ Comments  
diag 3

## LDL

☒ Yes

☐ No

### ↳ Status options

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

comments

left kit

### ↳ Reason member refused

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

comments

COMPLETED

- ↳ **LDL Test Barcode**  
11111111
- ↳ **Exam Date**  
2021-11-16
- ↳ **Screening Result**
- ↳ **Diagnosis**  
diag a
- ↳ **Comments**  
comm 1

## RETINAL EYE EXAM

☒ **Yes** ☐ **No**

↳ **Status options**

☒ **Member refused** ☐ **Exam completed** ☐ **Environmental issue**

comments

member is refused

↳ **Reason member refused**

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

comments

CONDITIONS

↳ **Describe**  
DESCRIBED

- ↳ **Exam Date**  
2021-10-11
- ↳ **Screening Result**
- ↳ **Diagnosis**  
diag b
- ↳ **Comments**  
comm b

## DEXA

☒ **Yes** ☐ **No**

↳ **Status options**

☒ **Member refused** ☐ **Exam completed** ☐ **Environmental issue**

comments

member is refused

↳ **Reason member refused**

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

comments

COMPLETED NOW

Exam Date  
 2021-09-13  
 Screening Result  
 1.2  
 Diagnosis  
 dia c  
 Comments  
 com c

## PAD

☒ Yes

☐ No

Status options

☒ Member refused

☐ Exam completed

☐ Environmental issue

comments

Environmental issue

Reason member refused

☐ Member recently completed

☐ Scheduled to complete

☒ Member apprehension

☐ Not interested

☐ Other

Exam Date  
 2021-12-06

PAD Testing Results (left)  
 Positive

Results for peripheral arterial disease testing (left)

☐ Normal

☐ Mild

☐ Moderate

☐ Significant

☒ Severe

comments

normal

PAD Testing Results (right)  
 Negative

Results for peripheral arterial disease testing (right)

☐ Normal

☐ Mild

☐ Moderate

☒ Significant

☐ Severe

comments

moderate

Diagnosis  
 diag 10

Comments  
 comment 10

## Patient Summary

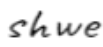

### Assessors Comments :

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;

### 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 :	2022-02-01T10:23
Time exam finished	2022-02-01T11:24
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 checked="" type="checkbox"/>
Provider Signature	  Digitally signed by test clinicianFE, FNP 2022-02-01, 12:57
Addendum	Enter some questions... Fill completed form with signaturee

### 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).