

# CONFIDENTIAL INFORMATION

**From :**

c/o Focus Care  
500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

**To :**

Dr. Dr. Red  
123 Central Street  
unknown, un, 00000

**IMPORTANT WARNING:** This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

**To the extent that** Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



# Patient Assessment Summary

Name	: TEST MEMBER 44	Age	: 70
Date of Birth	: 1952-02-05	Member ID	: 400004
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-9 05:36 PM
Gender	: Male	Address	: 123 Main Street,unknown,un
Lob	: LOB	Marital Status	: Separated
Email	:	Phone	: 000-000-0000,
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	150/90 mmHG	Pulse	86 bpm	Respiratory Rate	12
Temp	99.9	Pulse Oximetry	96	Pain Scale /10	6/10
Age	70	Patients Height	5 feet 9 inch	Patients Weight	240 lbs
BMI	35.4 (Malnutrition)				

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
HTN	lisinopril		Select	Select		Not Taking
	Select		Select	Select		
	Select		Select	Select		

## Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-05-20				

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assistive Devices and DME

Cane, Walker, Oxygen, Wheel Chair, CPAP

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 3

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: Yes

# Patient Assessment Summary

Name : TEST MEMBER 44  
Date of Birth : 1952-02-05  
Evaluator Name : test clinicianFE, FNP  
Gender : Male  
Lob : LOB  
Email :  
Primary Language :

Age : 70  
Member ID : 400004  
Date : 2022-2-9 05:36 PM  
Address : 123 Main Street,unknown,un  
Marital Status : Separated  
Phone : 000-000-0000,  
Race : African American

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	Dr. Red	
Neurologist		

## Family History:

Family Member	Medical Condition	Cause of Death
Father		

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	Yes				
LDL					
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD					

PHQ 2 Score: 0

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Pneumococcal Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	
Diabetic Foot Exam	
Cholesterol Screening	
Glaucoma Screening	
STIs/HIV Screening	
Cervical Cancer Screening	
Osteoporosis Screening	
Prostate Screening	
Fall Risk Screening	

## Social

Member educated on advance care planning	
--	--

# Patient Assessment Summary

Name : TEST MEMBER 44  
 Date of Birth : 1952-02-05  
 Evaluator Name : test clinicianFE, FNP  
 Gender : Male  
 Lob : LOB  
 Email :  
 Primary Language :

Age : 70  
 Member ID : 400004  
 Date : 2022-2-9 05:36 PM  
 Address : 123 Main Street,unknown,un  
 Marital Status : Separated  
 Phone : 000-000-0000,  
 Race : African American

Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Advanced Directive	
Social support evaluation	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Swallowing evaluation	
Heart Healthy Diet	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	prescribed recommended ssoon Take medicate TRAns
Other	OTHERS others OTHERS

Assessor Comments	
-------------------	--