

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Donald Don

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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.

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Patient Assessment Summary

Name	: TEST MEMBER 46	Age	: 87
Date of Birth	: 1935-02-18	Member ID	: 400006
Evaluator Name	:	Date	: 2022-2-9 09:19 PM
Gender	: Female	Address	: 123 Main Street,unknown,un
Lob	: LOB	Marital Status	:
Email	:	Phone	: ,
Primary Language	: English	Race	: No Ethnicity

Vital Signs

Blood Pressure	140/90 mmHG	Pulse	76 bpm	Respiratory Rate	
Temp		Pulse Oximetry	94	Pain Scale /10	6
Age	87	Patients Height	5 feet 6 inch	Patients Weight	300 lbs
BMI	48.4 (Morbid Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Difficulty Chewing
2. Hypertension

History of

1. Seasonal Allergies

Care management related to patient's activity levels

Assistive Devices and DME

None

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP :

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

Number of times in past 12 months stayed overnight in hospital :

Number of times in past 12 months been in a nursing home :

Had Surgery in the last 12 months :

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	Donald Don	

Family History:

None

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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	2022-02-11			
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 0

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Colorectal Screening	
Influenza Vaccine	
COVID-19 Vaccine	
Pneumococcal Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	
Diabetic Foot Exam	
Cholesterol Screening	
Glaucoma Screening	
STIs/HIV Screening	
Cervical Cancer Screening	

Social

Smoking/Tobacco	
Substance Abuse	
Food Disparity	

Disease Management

Hearing evaluation	
Dental exam	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	

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Take medications as prescribed	
Other	

Assessor Comments	
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