

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. yyyyyyy  
P  
bangalore, Karnataka, 966558

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# Patient Assessment Summary

Name	: TEST MEMBER 51	Age	: 34
Date of Birth	: 1988-01-27	Member ID	: 400011
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-4 01:29 PM
Gender	: Female	Address	: A1,Bangalore,karnataka
Lob	: LOB	Marital Status	: Single
Email	: ABC@gamil.com	Phone	: 8529637415, 281417
Primary Language	: Spanish	Race	: No Ethnicity

## Vital Signs

Blood Pressure	10/20 mmHG	Pulse	72 bpm	Respiratory Rate	10
Temp	37	Pulse Oximetry	20	Pain Scale /10	9
Age	34	Patients Height	6 feet	Patients Weight	50 lbs
BMI	6.8 (Moderate Obesity)				

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
10	Naproxen	10	PO = By Mouth	AC	mmmm	Taking
11	Select	5mg	E = Eye	QAM	mmm	Not Taking

## Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-01-31	rrrr	5	IV = Intravenous	7

## Diagnoses under Chronic Care Management

### Active

1. Retinal Disease
2. Other - jhgjghg
3. Angina
4. Osteoarthritis

### History of

1. Restless leg syndrome
2. Kidney Stones

## Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

Once

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

No

Worries about falling or feeling unsteady when standing or walking?

Yes

Did you have a fracture in past 6 months?

No

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## Care management related to past medical history

Number of times in the past 12 months seen PCP : 1  
Number of times in past 12 months been to the Emergency Room : None  
Number of times in past 12 months stayed overnight in hospital : 1  
IIII  
Number of times in past 12 months been in a nursing home : 4  
gttttt  
Had Surgery in the last 12 months : 5  
y  
Ever been hospitalized prior to the past 12 months: Yes  
uuuuuuuu

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	yyyyyyy	
Cardiologist	jjjjj	last 1 year

## Family History:

Family Member	Medical Condition	Cause of Death
Father	reererfer	rhththfh
Mother	hhhhyy	tyttyty

## 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	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 1

## Preventative Follow up needed

### Screenings

Diabetes Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

### Social

Durable Power of attorney	
Food Disparity	

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Social support evaluation	
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## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Heart Healthy Diet	
Take medications as prescribed	
Other	

Assessor Comments	
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