

# CONFIDENTIAL INFORMATION

From :

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

To :

Dr.

, ,

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# Patient Assessment Summary

Name	: TEST MEMBER 62	Age	: 59
Date of Birth	: 1962-10-29	Member ID	: 400022
Evaluator Name	:	Date	: 2022-2-27 05:19 PM
Gender	: Male	Address	: Address,City,State
Lob	: LOB	Marital Status	:
Email	:	Phone	: ,
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	59	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisitive 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:

None

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN					
FOBT					

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Race : No Ethnicity

A1C					
LDL					
RETINAL EYE EXAM					
DEXA					
PAD					

PHQ 2 Score:

## Preventative Follow up needed Screenings

None

## Social

None

## Disease Management

None

Assessor Comments	
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