

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 78	Age	: 59
Date of Birth	: 1962-10-29	Member ID	: 400038
Evaluator Name	:	Date	:
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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Lob : LOB

Marital Status :

Email :

Phone : ,

Primary :

Race : No Ethnicity

Language :

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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