

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Amar Singh
Bangalore
Bangalore, Karnataka, 877887

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Amar Singh
Bangalore
Bangalore, Karnataka, 877887

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

01/13/2023

Dear Amar Singh ,

Virginia Premier, in partnership with Focus Care, provided a comprehensive health visit for your patient. The visit was conducted by a Focus Care clinician. Find attached a summary of the visit for:

test T member1
06/05/1998
112233

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concerns.

If you have any questions or if you want to set up an In-Home Health Review, please call us at 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Mattingly" followed by a stylized "mo".

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: test T member1	Age	: 24
Date of Birth	: 1998-06-05	Member ID	: 112233
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-30 12:28 PM
Gender	: Female	Address	: Chitradurga,Chitradurga,Karnataka
Lob	: MLTSS	Marital Status	: Married
Email	: member1@gmail.com	Phone	: 9878767898, 675456
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	24	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

Assisstive Devices and DME

Cane, Wheel Chair, CPAP

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?

Yes

Was it due to fall?

Yes

Are you on osteoporosis med?

No

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

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

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	Amar Singh	

Family History:

Patient Assessment Summary

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None

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					
A1C	No				
LDL					
RETINAL EYE EXAM	No				
DEXA					
PAD	Yes		L: (Mild) R: (Moderate).		

PHQ 2 Score:

Preventative Follow up needed

Screenings

None

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Food Disparity	
Social support evaluation	

Disease Management

None

Assessor Comments	understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event of an e
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