

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. sick nod
karnataka
Bangalore, KA, 899889

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sick nod
karnataka
Bangalore, KA, 899889

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

06/19/2022

Dear sick nod ,

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 G member2
04/10/1992
112234

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 G member2	Age	: 30
Date of Birth	: 1992-04-10	Member ID	: 112234
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-30 12:26 PM
Gender	: Female	Address	: Bangalore,Bangalore,Karnataka
Lob	: VPM4	Marital Status	: Separated
Email	: member2@gmail.com	Phone	: 8798767654, 281417
Primary Language	:	Race	:

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	30	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:

Medical Specialty	Specialist	For
Primary Care Physician	sick nod	

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
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Patient Assessment Summary

Name : test G member2

Age : 30

Date of Birth : 1992-04-10

Member ID : 112234

Evaluator Name : test clinicianFE, FNP

Date : 2022-6-30 12:26 PM

Gender : Female

Address : Bangalore,Bangalore,Karnataka

Lob : VPM4

Marital Status : Separated

Email : member2@gmail.com

Phone : 8798767654, 281417

Primary :

Race :

Language

MICROALBUMIN					
FOBT					
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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