



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

MARTHA D SELF
114 CROMWELL PKWY APT B326
NORFOLK, VA, 23505-9998

07-28-2022

Dear MARTHA,

Thank you for having your in-home health visit offered to you by Focus Care and Optima Medicare.

At Optima Medicare, we want you to have the information needed to take care of your health needs. Your in-home health visit with Focus Care was the first step toward healthy living.

We created the enclosed Personal Health Summary to help you understand your overall health. This summary also recommends vaccinations, screenings, and health tests that you may want to discuss with your primary care provider (PCP).

This summary is confidential and does not affect your healthcare coverage in any way. Please contact Optima Medicare before you schedule any health test to make sure it is covered by your benefits.

We encourage you to share your Personal Health Summary with your family and to discuss it with your PCP. If you have questions about this document or any of the services that Focus Care offers, please call Focus Care at 1-800-371-3338 (TTY: 711), Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Schukman".

Jay Schukman, M.D.
Chief Medical Officer

Patient Assessment Summary

Name	: MARTHA D SELF	Age	: 62
Date of Birth	: 1959-11-02	Member ID	: 900031054*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-20 06:52 PM
Gender	: Female	Address	: 114 CROMWELL PKWY APT B326,NORFOLK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 757/912-2615, 757/289-4073
Primary Language	: English	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	62	Patients Height		Patients Weight	
BMI					

Allergies

Substance	Reaction
subasancess	reacion

Current Medications

None

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-07-05	descriped	120 ml	PO = By Mouth	dail

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assisstive 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	WHITE, TINIKI R PA	

Family History:

None

Care management related to preventive care

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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:

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

None

Disease Management

Discuss medication side effects with your Doctor	
Other	

Assessor Comments	
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