



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

JOSEPH A HICKS  
3452 CLIFTON FORK RD  
RAVEN, VA, 24639-9998

07-08-2022

Dear JOSEPH,

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	: JOSEPH A HICKS	Age	: 21
Date of Birth	: 2001-03-07	Member ID	: 900042266*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-22 04:20 PM
Gender	: Male	Address	: 3452 CLIFTON FORK RD,RAVEN,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 276/498-0030,
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	21	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  
Cane, Prosthesis, Wheel Chair, Urinal, CPAP  
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	FP-CARE INC, FOCUS FP	

## 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
----------------	---------------------	-----------	------------------	-----------	----------

# Patient Assessment Summary

Name : JOSEPH A HICKS  
Date of Birth : 2001-03-07  
Evaluator Name : test clinicianFE, FNP  
Gender : Male  
Lob : DSNP  
Email :  
Primary Language :

Age : 21  
Member ID : 900042266\*01  
Date : 2022-7-22 04:20 PM  
Address : 3452 CLIFTON FORK RD,RAVEN,VA  
Marital Status :  
Phone : 276/498-0030,  
Race : No Ethnicity

MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed Screenings

None

## Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

## Disease Management

None

Assessor Comments	
-------------------	--