

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. FP-CARE INC, FOCUS FP  
500 W CUMMINGS PARK STE 2700  
WOBURN, MA, 1801

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

Dr. FOCUS FP-CARE INC  
500 W CUMMINGS PARK STE 2700  
WOBURN, MA, 1801

07/08/2022

Dear Dr. FP-CARE INC, FOCUS FP,

Through our partnership with Focus Care, your patient, covered through Optima Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

JOSEPH A HICKS  
900042266\*01

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, please contact 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

Assisstive 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
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Gender : Male  
Lob : DSNP  
Email :  
Primary Language :

Age : 21  
Member ID : 900042266\*01  
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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	
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