

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. WEST III, FRANCIS T MD
6530 MAIN ST
GLOUCESTER, VA, 23061

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

Dr. FRANCIS WEST III
6530 MAIN ST
GLOUCESTER, VA, 23061

08/22/2022

Dear Dr. WEST III, FRANCIS T MD,

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:

STANLEY S MORRIS
900045829*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 | : STANLEY S MORRIS | Age | : 69 |
| Date of Birth | : 1952-09-07 | Member ID | : 900045829*01 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-8-27 01:03 PM |
| Gender | : Male | Address | : 868 NESTING RD,JAMAICA,VA |
| Lob | : DSNP | Marital Status | : |
| Email | : | Phone | : 804/291-7497, 804/246-7528 |
| Primary Language | : | Race | : No Ethnicity |

Vital Signs

| | | | | | |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 69 | 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 | WEST III, FRANCIS T MD | |

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 : STANLEY S MORRIS
Date of Birth : 1952-09-07
Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob : DSNP
Email :
Primary :
Language :

Age : 69
Member ID : 900045829*01
Date : 2022-8-27 01:03 PM
Address : 868 NESTING RD,JAMAICA,VA
Marital Status :
Phone : 804/291-7497, 804/246-7528
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

None

Disease Management

None

| | |
|-------------------|--|
| Assessor Comments | |
|-------------------|--|