



ARABRAB C YELTARPS
RD KAO RETAW 00041
DLEIFHTIMS, AV, 8999-03432

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

06-02-2023

Dear ARABRAB,

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 : ARABRAB C YELTARPS
Date of Birth : 1952-08-08
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language :

Age : 70
Member ID : 10*525260009
Date : 2023-3-21 12:20 PM
Address : RD KAO RETAW 00041,DLEIFHTIMS,AV
Marital Status :
Phone : 3510-218/757,
Race : No Ethnicity

Vital Signs

Blood Pressure	3/2 mmHG	Pulse	3 bpm	Respiratory Rate	2
Temp	33	Pulse Oximetry	2	Pain Scale /10	3
Age	70	Patients Height	2 feet 8 inch	Patients Weight	9 lbs
BMI	6.2				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select		Select	Select		Not Taking
	Select		Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Glaucoma

History of

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 :

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Providers:

Medical Specialty	Specialist	For
Primary Care Physician	PN J ADNAW ,YARCCM-SENYT	
Pulmonologist	specialist	For
Select	https://hra.focuscares.com/download/testing/global/	https://hra.focuscares.com/download/testing/global/

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
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	
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