



Dear Dr.

Sancen Contreras J D
442090401

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 concern.

Sincerely,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	82	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	Select				

Patient Assessment Summary

Name : Sancen Contreras J D
Date of Birth : 1939-05-14
Evaluator Name : test
Gender : Female
Lob : LOB
Email :

Age : 82
Member ID : 442090401
Date : 2021-09-13T11:17
Address : „
Marital Status : Single
Phno : ,

HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status

Over the Counter Medications / Supplements

Answer:

- Race

Answer: Other

Describe

Answer: No Ethnicity

- Preferred language

Answer: Other

If other,

Answer: Arabic

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

- Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language : Other

Comment :

If other, : Arabic

Comment :

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : Sometimes

Comment :

- Social service referral to further assess social support infrastructure

Patient Assessment Summary

Name	: Sancen Contreras J D	Age	: 82
Date of Birth	: 1939-05-14	Member ID	: 442090401
Evaluator Name	: test	Date	: 2021-09-13T11:17
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

Do you have someone who can help if you are sick or have problems? : **Yes**

Comment :

Care management related to patient's activity levels

If no activities are checked as need some help or total help

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Cane , Walker , Prosthesis , Wheel Chair , Bedside Commode , Urinal , Bed Pan , Other

Are you currently seeing any specialists?

If no activities are checked as need some help or total help

- Have you ever been hospitalized prior to the last 12 months?

Answer:

- In the past year how many times have you Fallen?

Answer:

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

-Have you lost weight in the past 6 months?

Answer:

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	

Patient Assessment Summary

Name : Sancen Contreras J D
Date of Birth : 1939-05-14
Evaluator Name : test
Gender : Female
Lob : LOB
Email :

Age : 82
Member ID : 442090401
Date : 2021-09-13T11:17
Address : „
Marital Status : Single
Phno : ,

If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

Care management related to diagnoses and symptoms

Family History

- In the past year how many times have you Fallen?
Answer:

Assessors Comments :