

# Southwestern Health Resources



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

Betty A Goerbing  
3144 Hampshire Ct  
Frisco, TX, 75034

Dear Betty A Goerbing,

Thank you for having your yearly health visit offered to you by Focus Care and Southwestern Health Resources. At Focus Care, we believe better information leads to better care. Your health review with Focus Care is a great step toward preventive care and healthy living.

We have enclosed Personal Health Summary from your recent health visit. This summary gives you a good picture of your health and suggests immunizations, screenings, health tests, and local resources that you may want to discuss with your primary care provider.

We want to remind you that this private information does not affect your health care coverage in any way. Be sure to call Southwestern Health Resources before you schedule any health test to make sure it is covered.

We hope you will share your Personal Health Summary with your family and discuss it with your primary care provider. If you have questions about this letter or the enclosed Personal Health Summary, please contact Focus Care at 1-855-977-8820, Monday through Friday, 8:30 am to 9:00 pm. CT.

In good health,

A handwritten signature in black ink, appearing to read "J. Fish".

Jason Fish, MD  
Chief Medical Officer  
Southwestern Health Resources

# Patient Assessment Summary

|                  |                          |                |                               |
|------------------|--------------------------|----------------|-------------------------------|
| Name             | : Betty A Goerbing       | Age            | : 96                          |
| Date of Birth    | : 1925-06-25             | Member ID      | : 017687401                   |
| Evaluator Name   | : Candace Hembrick , FNP | Date           | : 2022-5-18 04:53 PM          |
| Gender           | : Female                 | Address        | : 3144 Hampshire Ct,Frisco,TX |
| Lob              | :                        | Marital Status | :                             |
| Email            | :                        | Phone          | : 9726253508,                 |
| Primary Language | : Italian                | Race           | : No Ethnicity                |

## Vital Signs

|                |                    |                 |     |                  |  |
|----------------|--------------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG    | Pulse           | bpm | Respiratory Rate |  |
| Temp           |                    | Pulse Oximetry  |     | Pain Scale /10   |  |
| Age            | 96                 | Patients Height |     | Patients Weight  |  |
| BMI            | (Moderate Obesity) |                 |     |                  |  |

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Parotid Disease

## Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, 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 : [None](#)

Number of times in past 12 months been to the Emergency Room : [None](#)

Number of times in past 12 months stayed overnight in hospital : [None](#)

Number of times in past 12 months been in a nursing home : [None](#)

Had Surgery in the last 12 months : [None](#)

## Providers:

| Medical Specialty      | Specialist        | For |
|------------------------|-------------------|-----|
| Primary Care Physician | WILLIAM FRANK COX |     |

## Family History:

None

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## 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             |                     |           |                  |           |          |
| A1C              |                     |           |                  |           |          |
| LDL              | No                  |           |                  |           |          |
| RETINAL EYE EXAM |                     |           |                  |           |          |
| DEXA             | No                  |           |                  |           |          |
| PAD              |                     |           |                  |           |          |

PHQ 2 Score: 0

## Preventative Follow up needed

### Screenings

|                              |  |
|------------------------------|--|
| Abdominal Aneurysm Screening |  |
| Hepatitis C Screening        |  |
| Nutrition/ weight management |  |
| Other                        |  |

### Social

|                    |  |
|--------------------|--|
| Smoking/Tobacco    |  |
| Substance Abuse    |  |
| Healthcare Proxy   |  |
| Advanced Directive |  |
| Food Disparity     |  |

## Disease Management

|  |  |
|--|--|
| Discuss medication side effects with your Doctor |  |
| Dental exam                                      |  |
| Eye exam   |  |
| Heart Healthy Diet                               |  |
| Exercise 30 min a day                            |  |
| Take medications as prescribed                   |  |
| Other  |  |

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