

Southwestern Health Resources



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

David H Nam
1516 Lakeway Drive
Little Elm, TX, 75068

Dear David H Nam,

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	: David H Nam	Age	: 65
Date of Birth	: 1956-11-28	Member ID	: 017848001
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-26 10:52 AM
Gender	: Male	Address	: 1516 Lakeway Drive, Little Elm, TX
Lob	:	Marital Status	:
Email	:	Phone	: 4699646173,
Primary Language	: German	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	65	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

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

Assistive Devices and DME
Cane, Oxygen, Bedside Commode, Urinal
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
Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	JOSEPH PARK	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
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	Completed				
MICROALBUMIN	No				
FOBT					
A1C	No				
LDL					
RETINAL EYE EXAM	No				
DEXA					
PAD	No				

PHQ 2 Score: 2

Preventative Follow up needed Screenings

Colorectal Screening	
COVID-19 Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Substance Abuse	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Dental exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Check Blood sugar	
Report abnormal bruising or bleeding	

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Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	
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