

Southwestern Health Resources



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

Sou K Ly
383 Bedford Dr
Richardson, TX, 75080

Dear Sou K Ly,

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	: Sou K Ly	Age	: 65
Date of Birth	: 1957-03-15	Member ID	: 017958301
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-22 05:11 PM
Gender	: Male	Address	: 383 Bedford Dr,Richardson,TX
Lob	:	Marital Status	:
Email	:	Phone	: 2147978848,
Primary Language	: English	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

Assisitive Devices and DME
Cane, Prosthesis, Oxygen, Bed Pan
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	PALANIAPPAN ARUMUGHAM	

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					
FOBT					
A1C					
LDL					
RETINAL EYE EXAM					
DEXA					
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
STIs/HIV Screening	
Osteoporosis Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

Discuss medication side effects with your Doctor	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	

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Other	
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Assessor Comments	understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event
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