



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

Lynnette M Stanley  
1101 Lavaca Trail  
Colleyville, TX, 76034

Dear Lynnette M Stanley,

Thank you for having your yearly health visit offered to you by Focus Care and Care N' Care (HMO/PPO) health plan. 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 Care N' Care 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 1-855-233-4910, 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", is positioned above the printed name and title of the sender.

Jason Fish, MD  
Chief Medical Officer  
Care N' Care Insurance Co., Inc

# Patient Assessment Summary

Name	: Lynnette M Stanley	Age	: 80
Date of Birth	: 1941-05-21	Member ID	: CC0004520
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-13 12:01 PM
Gender	: Female	Address	: 1101 Lavaca Trail,Colleyville,TX
Lob	:	Marital Status	:
Email	:	Phone	: 5415544200, 5415544200
Primary Language	: Hindi	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	80	Patients Height	20 feet 20 inch	Patients Weight	123 lbs
BMI	1.3 (Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Myopia
2. Asthma, Chronic Sputum Production

## Care management related to patient's activity levels

### Assisstive Devices and DME

Cane, Prosthesis, Bedside Commode, Bed Pan

### Falls during the past year

Twice

Do you worry about falling or feeling unsteady when standing or walking

No

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

No

Are you on osteoporosis med?

Yes

## 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

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## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	WILLIAM NEIL DRAKE	

## 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	Yes	2022-04-15		diagnos	commens 1
FOBT	Yes	2022-04-18		diagnos 2	commens 2
A1C	Yes	2022-04-05		diahnos 3	commen 3
LDL	Yes	2022-03-15		diagnos 33	commens 33
RETINAL EYE EXAM	Yes	2022-03-20		diagnos 22	commens 22
DEXA	Yes	2022-02-15		connecions required	comens
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	
Social support evaluation	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Heart Healthy Diet	

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Take medications as prescribed	
Other	

Assessor Comments	
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