



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

Willard Spoon
108 Old Tunnel Rd
Aledo, TX, 76008

Dear Willard Spoon,

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".

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

Patient Assessment Summary

| | | | |
|------------------|-------------------------|----------------|------------------------------|
| Name | : Willard Spoon | Age | : 69 |
| Date of Birth | : 1952-08-31 | Member ID | : CC0020994 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-8-11 02:18 AM |
| Gender | : Male | Address | : 108 Old Tunnel Rd,Aledo,TX |
| Lob | : | Marital Status | : |
| Email | : | Phone | : 6824728359, |
| Primary Language | : | Race | : No Ethnicity |

Vital Signs

| | | | | | |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 69 | Patients Height | | Patients Weight | |
| BMI | | | | | |

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

Assisstive Devices and DME

None

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP :

Number of times in past 12 months been to the Emergency Room :

Number of times in past 12 months stayed overnight in hospital :

Number of times in past 12 months been in a nursing home :

Had Surgery in the last 12 months :

Providers:

| Medical Specialty | Specialist | For |
|------------------------|---------------------|-----|
| Primary Care Physician | SHAUN H KRETZSCHMAR | |

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 |
|----------------|---------------------|-----------|------------------|-----------|----------|
|----------------|---------------------|-----------|------------------|-----------|----------|

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| | | | | | |
|------------------|-----|--|--|--|--|
| MICROALBUMIN | No | | | | |
| FOBT | No | | | | |
| A1C | No | | | | |
| LDL | | | | | |
| RETINAL EYE EXAM | Yes | | | | |
| DEXA | Yes | | | | |
| PAD | | | | | |

PHQ 2 Score:

Preventative Follow up needed
Screenings

None

Social

None

Disease Management

None

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