



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

Susan T Randall  
5810 Flint Dr  
Granbury, TX, 76048

Dear Susan T Randall,

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 "J20", is positioned above the printed name of the sender.

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

# Patient Assessment Summary

Name	: Susan T Randall	Age	: 63
Date of Birth	: 1959-11-21	Member ID	: CC0022901
Evaluator Name	: test clinicianFE, FNP	Date	: 2023-1-16 06:25 PM
Gender	: Female	Address	: 5810 Flint Dr,Granbury,TX
Lob	:	Marital Status	:
Email	:	Phone	: 9796652737, 9796652737
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	456/54 mmHG	Pulse	5654 bpm	Respiratory Rate	5645
Temp	45	Pulse Oximetry	4554	Pain Scale /10	4565
Age	63	Patients Height	466 feet 657 inch	Patients Weight	56.7 lbs
BMI	0.0				

## 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

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:

None

## 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					
FOBT					

# Patient Assessment Summary

Name	: Susan T Randall	Age	: 63
Date of Birth	: 1959-11-21	Member ID	: CC0022901
Evaluator Name	: test clinicianFE, FNP	Date	: 2023-1-16 06:25 PM
Gender	: Female	Address	: 5810 Flint Dr,Granbury,TX
Lob	:	Marital Status	:
Email	:	Phone	: 9796652737, 9796652737
Primary Language	:	Race	: No Ethnicity

A1C					
LDL					
RETINAL EYE EXAM					
DEXA					
PAD					

PHQ 2 Score:

Preventative Follow up needed  
Screenings

None

Social

None

Disease Management

None

Assessor Comments	
-------------------	--