



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

Magdalena Garcia
5416 Vesta Farley Rd
Fort Worth, TX, 76119

Dear Magdalena Garcia,

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	: Magdalena Garcia	Age	: 68
Date of Birth	: 1953-07-23	Member ID	: CC0023519
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-9-14 10:26 PM
Gender	: Female	Address	: 5416 Vesta Farley Rd,Fort Worth,TX
Lob	:	Marital Status	:
Email	:	Phone	: 8178798101, 8178798101
Primary Language	: Gujarati	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	68	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Legally Deaf
2. Nose Bleeds
3. Acute Upper Respiratory Infection

History of

1. Hyperopia, Legally Blind
2. Tinnitus
3. Seasonal Allergies
4. Cystic Fibrosis

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Urinal, CPAP

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
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Primary Care Physician	JOSE JAVIER LOZANO	
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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					
A1C					
LDL					
RETINAL EYE EXAM					
DEXA					
PAD					

PHQ 2 Score: 0

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
Cervical Cancer Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
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Discuss medication side effects with your Doctor	
Dental exam	
Eye exam	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Assessor Comments	
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