



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

Judy D Williams  
2292 County Road 326  
Glen Rose, TX, 76043

Dear Judy D Williams,

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 "JF", 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	: Judy D Williams	Age	: 70
Date of Birth	: 1952-04-25	Member ID	: CC0024597
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-23 01:35 PM
Gender	: Female	Address	: 2292 County Road 326,Glen Rose,TX
Lob	:	Marital Status	:
Email	: judy@wbranch.net	Phone	: 2543961492, 2543961492
Primary Language	: Gujarati	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Other - undefined

## Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Urinal, CPAP

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?

No

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 1

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : 1

Number of times in past 12 months been in a nursing home : 1

Had Surgery in the last 12 months : 1

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
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Primary Care Physician	MICHAEL LEE DAVIS	
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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:

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

### Social

Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Food Disparity	
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	
Hearing evaluation	
Eye exam	
Swallowing evaluation	
Take medications as prescribed	
Other	

Assessor Comments	
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