

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. JOSEPH PARK
3805 MAIN ST, Ste 112
THE COLONY, TX, 75056

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

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Southwestern Health Resources



Texas Health
Resources

UT Southwestern
Medical Center.

JOSEPH PARK
3805 MAIN ST, Ste 112
THE COLONY, TX, 75056

Dear Dr. PARK,

Your patient was recently offered a convenient in-home assessment and health screening, not to replace his or her scheduled appointments with you. Our goal is to help patients take charge of their health by encouraging regular check-ups and follow-up care. Through our partnership with Focus Care, a licensed medical professional conducted the patient visit. Southwestern Health Resources has provided you with the enclosed summary and results for:

David H Nam
11/28/1956
017848001

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Only your patient, you and Southwestern Health Resources received this summary, and we recommend discussing the findings with your patient at their next appointment or reach out to them with any urgent concern.

If you have any questions about the in-home health review, please call us at 1-855-977-8820 Monday through Friday, 8:30 a.m. to 9:00 p.m. CT.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Fish'.

Jason Fish, MD
Chief Medical Officer
Southwestern Health Resources

Patient Assessment Summary

Name	: David H Nam	Age	: 65
Date of Birth	: 1956-11-28	Member ID	: 017848001
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-26 10:52 AM
Gender	: Male	Address	: 1516 Lakeway Drive, Little Elm, TX
Lob	:	Marital Status	:
Email	:	Phone	: 4699646173,
Primary Language	: German	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	65	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

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

Assistive Devices and DME
Cane, Oxygen, Bedside Commode, Urinal
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
Primary Care Physician	JOSEPH PARK	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
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	Completed				
MICROALBUMIN	No				
FOBT					
A1C	No				
LDL					
RETINAL EYE EXAM	No				
DEXA					
PAD	No				

PHQ 2 Score: 2

Preventative Follow up needed

Screenings

Colorectal Screening	
COVID-19 Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Substance Abuse	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Dental exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Check Blood sugar	
Report abnormal bruising or bleeding	

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Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	
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