

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. PALANIAPPAN ARUMUGHAM  
399 W CAMPBELL RD, Ste 412  
RICHARDSON, TX, 75080

**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.

**To the extent that** Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.

# Southwestern Health Resources



**Texas Health**  
Resources

**UT Southwestern**  
Medical Center

PALANIAPPAN ARUMUGHAM  
399 W CAMPBELL RD, Ste 412  
RICHARDSON, TX, 75080

Dear Dr. ARUMUGHAM,

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:

Sou K Ly  
03/15/1957  
017958301

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	: Sou K Ly	Age	: 65
Date of Birth	: 1957-03-15	Member ID	: 017958301
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-22 05:11 PM
Gender	: Male	Address	: 383 Bedford Dr,Richardson,TX
Lob	:	Marital Status	:
Email	:	Phone	: 2147978848,
Primary Language	: English	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

Assisstive Devices and DME  
Cane, Prosthesis, Oxygen, Bed Pan  
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	PALANIAPPAN ARUMUGHAM	

## 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					
FOBT					
A1C					
LDL					
RETINAL EYE EXAM					
DEXA					
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
STIs/HIV Screening	
Osteoporosis Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

## Disease Management

Discuss medication side effects with your Doctor	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	

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Other	
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Assessor Comments	understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event
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