

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. RAHELE LAMEH
7777 FOREST LN, Ste B131
DALLAS, TX, 75230

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

RAHELE LAMEH
7777 FOREST LN, Ste B131
DALLAS, TX, 75230

Dear Dr. LAMEH,

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:

Joyce Ledford
11/18/1950
018126801

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	: Joyce Ledford	Age	: 71
Date of Birth	: 1950-11-18	Member ID	: 018126801
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-10-12 10:24 PM
Gender	: Female	Address	: 12680 Hillcrest Rd Apt 2103,Dallas,TX
Lob	:	Marital Status	: Separated
Email	: abc@gmail.com	Phone	: ,
Primary Language	: Hebrew	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	71	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. Seasonal Allergies

History of

1. Tinnitus, Vertigo
2. Chronic Post Nasal Drip, Nose Bleeds

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Wheel Chair, 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?

Yes

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 : 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:

Patient Assessment Summary

Name	: Joyce Ledford	Age	: 71
Date of Birth	: 1950-11-18	Member ID	: 018126801
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-10-12 10:24 PM
Gender	: Female	Address	: 12680 Hillcrest Rd Apt 2103,Dallas,TX
Lob	:	Marital Status	: Separated
Email	: abc@gmail.com	Phone	: ,
Primary Language	: Hebrew	Race	: African American

Medical Specialty	Specialist	For
Primary Care Physician	RAHELE LAMEH	

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	
Pneumococcal Vaccine	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Substance Abuse	
Healthcare Proxy	
Literacy	
Social support evaluation	

Disease Management

Discuss medication side effects with your Doctor	
Hearing evaluation	

Patient Assessment Summary

Name

: Joyce Ledford

Date of Birth

: 1950-11-18

Evaluator Name

: test clinicianFE, FNP

Gender

: Female

Lob

:

Email

: abc@gmail.com

Primary Language

: Hebrew

Age

: 71

Member ID

: 018126801

Date

: 2022-10-12 10:24 PM

Address

: 12680 Hillcrest Rd Apt 2103,Dallas,TX

Marital Status

: Separated

Phone

: ,

Race

: African American

Eye exam	
Take medications as prescribed	
Other	

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