

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. AHMED A DARWISH  
1395 E ELDORADO PKWY, Ste 400-500  
LITTLE ELM, TX, 75068

**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.

AHMED A DARWISH  
1395 E ELDORADO PKWY, Ste 400-500  
LITTLE ELM, TX, 75068

Dear Dr. DARWISH,

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:

Charles E Jackson  
03/13/1957  
018167401

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 'JF' or 'Jason Fish'.

Jason Fish, MD  
Chief Medical Officer  
Southwestern Health Resources

# Patient Assessment Summary

Name	: Charles E Jackson	Age	: 65
Date of Birth	: 1957-03-13	Member ID	: 018167401
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-16 05:52 PM
Gender	: Male	Address	: 2425 Chesterwood Drive, Little Elm, TX
Lob	:	Marital Status	:
Email	:	Phone	: 2145146206,
Primary Language	: French	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					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

1. Difficulty Chewing, Difficulty Swallowing
2. Carotid Stenosis, Parotid Disease

## History of

1. Deep Vein Thrombosis, Hyperlipidemia

## Care management related to patient's activity levels

### Assistive Devices and DME

Walker, Oxygen, Wheel Chair, Urinal, CPAP

### Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking?

Yes

Worries about falling or feeling unsteady when standing or walking?

No

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

Yes

Are you on osteoporosis med?

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

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## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	AHMED A DARWISH	

## 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	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	Yes		L: R:		

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Member educated on advance care planning	
Declines discussion at this time	
Substance Abuse	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
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Evaluator Name

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Gender

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Marital Status

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Phone

: 2145146206,

Race

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Discuss medication side effects with your Doctor	
Hearing evaluation	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Assessor Comments	divised by the evaluator and 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 fo
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