

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. WILLIAM NEIL DRAKE  
1050 E STATE HWY 114, Ste 100  
SOUTHLAKE, TX, 760929998

**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.



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

WILLIAM NEIL DRAKE  
1050 E STATE HWY 114, Ste 100  
SOUTHLAKE, TX, 760929998

Dear Dr. DRAKE,

Through our partnership with Focus Care, your patient, covered through Care N' Care (HMO/PPO) health plan, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

Lynnette M Stanley  
05/21/1941  
CC0004520

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. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concern.

If you have any questions or if you want to set up an In-Home Health Review, please call Focus Care at 1-855-977-8820, Monday through Friday, 8:30 am to 9:00 pm CT.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Fish", is written over a light gray circular background.

Jason Fish, MD  
Chief Medical Officer  
Care N' Care Insurance Co., Inc.

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# Patient Assessment Summary

Name	: Lynnette M Stanley	Age	: 80
Date of Birth	: 1941-05-21	Member ID	: CC0004520
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-13 12:01 PM
Gender	: Female	Address	: 1101 Lavaca Trail,Colleyville,TX
Lob	:	Marital Status	:
Email	:	Phone	: 5415544200, 5415544200
Primary Language	: Hindi	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	80	Patients Height	20 feet 20 inch	Patients Weight	123 lbs
BMI	1.3 (Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

None

## History of

1. Myopia
2. Asthma, Chronic Sputum Production

## Care management related to patient's activity levels

### Assisstive Devices and DME

Cane, Prosthesis, Bedside Commode, Bed Pan

### 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?

Yes

Was it due to fall?

No

Are you on osteoporosis med?

Yes

## 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

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## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	WILLIAM NEIL DRAKE	

## 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	Yes	2022-04-15		diagnos	commens 1
FOBT	Yes	2022-04-18		diagnos 2	commens 2
A1C	Yes	2022-04-05		diahnos 3	commen 3
LDL	Yes	2022-03-15		diagnos 33	commens 33
RETINAL EYE EXAM	Yes	2022-03-20		diagnos 22	commens 22
DEXA	Yes	2022-02-15		connecions required	comens
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	
Social support evaluation	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Heart Healthy Diet	

# Patient Assessment Summary

Name

Date of Birth

Evaluator Name

Gender

Lob

Email

Primary Language

: Lynnette M Stanley

: 1941-05-21

: test clinicianFE, FNP

: Female

:

:

: Hindi

Age

Member ID

Date

Address

Marital Status

Phone

Race

: 80

: CC0004520

: 2022-4-13 12:01 PM

: 1101 Lavaca Trail,Colleyville,TX

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: 5415544200, 5415544200

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Take medications as prescribed	
Other	

Assessor Comments	
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