

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. REBECA M MAYOL-SHARP
469 WESTPARK WAY,
EULESS, TX, 760403957

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

REBECA M MAYOL-SHARP
469 WESTPARK WAY,
EULESS, TX, 760403957

Dear Dr. MAYOL-SHARP,

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:

Barry P McKenna
11/11/1947
CC0019196

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", with a stylized flourish at the end.

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

Patient Assessment Summary

| | | | |
|------------------|-------------------------|----------------|------------------------------|
| Name | : Barry P Mckenna | Age | : 74 |
| Date of Birth | : 1947-11-11 | Member ID | : CC0019196 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-6-23 02:57 PM |
| Gender | : Male | Address | : 1332 Flying Jib Dr,Azle,TX |
| Lob | : | Marital Status | : |
| Email | : | Phone | : 7628224447, 7628224447 |
| Primary Language | : | Race | : No Ethnicity |

Vital Signs

| | | | | | |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 74 | Patients Height | | Patients Weight | |
| BMI | | | | | |

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

Assisitive Devices and DME

Oxygen

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP :

Number of times in past 12 months been to the Emergency Room :

Number of times in past 12 months stayed overnight in hospital :

Number of times in past 12 months been in a nursing home :

Had Surgery in the last 12 months :

Providers:

| Medical Specialty | Specialist | For |
|------------------------|----------------------|-----|
| Primary Care Physician | REBECA M MAYOL-SHARP | |

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 |
|----------------|---------------------|-----------|------------------|-----------|----------|
|----------------|---------------------|-----------|------------------|-----------|----------|

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| | | | | | |
|------------------|--|--|--|--|--|
| MICROALBUMIN | | | | | |
| FOBT | | | | | |
| A1C | | | | | |
| LDL | | | | | |
| RETINAL EYE EXAM | | | | | |
| DEXA | | | | | |
| PAD | | | | | |

PHQ 2 Score:

Preventative Follow up needed
Screenings

None

Social

None

Disease Management

None

| | |
|-------------------|--|
| Assessor Comments | |
|-------------------|--|