

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. MICHAEL LEE DAVIS
409 GLENWOOD ST, Ste 500
GLEN ROSE, TX, 76043

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

MICHAEL LEE DAVIS
409 GLENWOOD ST, Ste 500
GLEN ROSE, TX, 76043

Dear Dr. DAVIS,

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:

Judy D Williams
04/25/1952
CC0024597

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 "JF", is written over a light gray circular background.

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

Y0107_21_749_C

Patient Assessment Summary

| | | | |
|------------------|-------------------------|----------------|-------------------------------------|
| Name | : Judy D Williams | Age | : 70 |
| Date of Birth | : 1952-04-25 | Member ID | : CC0024597 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-4-23 01:35 PM |
| Gender | : Female | Address | : 2292 County Road 326,Glen Rose,TX |
| Lob | : | Marital Status | : |
| Email | : judy@wbranch.net | Phone | : 2543961492, 2543961492 |
| Primary Language | : Gujarati | Race | : No Ethnicity |

Vital Signs

| | | | | | |
|----------------|-----------------|-----------------|-----|------------------|--|
| Blood Pressure | /undefined mmHG | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 70 | Patients Height | | Patients Weight | |
| BMI | | | | | |

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

None

History of

1. Other - undefined

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, 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?

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 : 1

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : 1

Number of times in past 12 months been in a nursing home : 1

Had Surgery in the last 12 months : 1

Ever been hospitalized prior to the past 12 months: No

Providers:

| | | |
|-------------------|------------|-----|
| Medical Specialty | Specialist | For |
|-------------------|------------|-----|

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| | | |
|------------------------|-------------------|--|
| Primary Care Physician | MICHAEL LEE DAVIS | |
|------------------------|-------------------|--|

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 | |
| Influenza Vaccine | |
| Pneumococcal Vaccine | |
| Diabetes Screening | |
| Diabetic Foot Exam | |
| Glaucoma Screening | |
| Cervical Cancer Screening | |
| Prostate Screening | |
| Abdominal Aneurysm Screening | |
| Nutrition/ weight management | |

Social

| | |
|---------------------------|--|
| Smoking/Tobacco | |
| Durable Power of attorney | |
| Healthcare Proxy | |
| Food Disparity | |
| Literacy | |

Disease Management

| | |
|--|--|
| Discuss options with your Doctor and/or pharmacist to improve medication adherence | |
|--|--|

Patient Assessment Summary

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Date of Birth : 1952-04-25

Evaluator Name : test clinicianFE, FNP

Gender : Female

Lob :

Email : judy@wbranch.net

Primary Language : Gujarati

Age : 70

Member ID : CC0024597

Date : 2022-4-23 01:35 PM

Address : 2292 County Road 326,Glen Rose,TX

Marital Status :

Phone : 2543961492, 2543961492

Race : No Ethnicity

| | |
|--|--|
| Discuss medication side effects with your Doctor | |
| Hearing evaluation | |
| Eye exam | |
| Swallowing evaluation | |
| Take medications as prescribed | |
| Other | |

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