



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

06-09-2022

test G member104
CTITRADURGA
CTITRADURGA, KARNATAKA, 677667

Dear Optima Health member,

Thank you for getting your annual health visit offered to you by Focus Care and Optima Health.

At Optima Health, we believe better information leads to better care. Your comprehensive health review with Focus Care is a great step toward preventive care and healthy living.

We created the enclosed Personal Health Summary to help you further. This summary provides a picture of your overall health and identifies recommended immunizations, screenings, health tests, and local resources that you may want to discuss with your primary care provider.

We want to remind you that this confidential information does not affect your healthcare coverage in any way. Be sure to contact Optima Health before you schedule any health test to make sure it is covered by your plan.

We encourage you to share your Personal Health Summary with your family and to discuss it with your primary care provider. If you have questions about this document or any of the services Focus Care offers, please contact Focus Care at 1-800-371-3338 (TTY: 711), Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Schukman".

Jay Schukman, M.D.
Chief Medical Officer

Patient Assessment Summary

Name	: test G member104	Age	: 26
Date of Birth	: 1996-06-06	Member ID	: 1110104
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-24 01:45 PM
Gender	: Female	Address	: CTITRADURGA,CTITRADURGA,KARNATAKA
Lob	: Individual	Marital Status	: Single
Email	: member104@gmail.com	Phone	: 9876789876, 678567
Primary Language	:	Race	:

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	26	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

None

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	lily king	

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	
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