



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

06-29-2022

test 0 members
Bangalore
Bangalore, KA, 655667

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 O members	Age	: 24
Date of Birth	: 1998-06-26	Member ID	: 12345678*90
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-30 12:06 PM
Gender	: Male	Address	: Bangalore,Bangalore,KA
Lob	: Individual	Marital Status	: Single
Email	: members@gmail.com	Phone	: 8789876787, 786567
Primary Language	:	Race	:

Vital Signs

Blood Pressure	7/9 mmHG	Pulse	67 bpm	Respiratory Rate	67
Temp	89	Pulse Oximetry	56	Pain Scale /10	8
Age	24	Patients Height	6 feet 10 inch	Patients Weight	7 lbs
BMI	0.7 (Moderate Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Glaucoma
2. Difficulty Chewing
3. Other - testing
4. Osteomyelitis
5. Skin ulcer
6. C. Difficile, Thrombocytopenia

History of

1. Nose Bleeds
2. Cardiomyopathy, Peripheral Vascular Disease

Care management related to patient's activity levels

Assistive Devices and DME

Cane, Prosthesis, Oxygen, Wheel Chair, Bedside Commode, 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?

Yes

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 : 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

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Had Surgery in the last 12 months : 1
test
Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	mother	

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: 2

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Herpes Zoster Vaccine	
Glaucoma Screening	
Cervical Cancer Screening	
Prostate Screening	
Fall Risk Screening	
Hepatitis C Screening	
Other	

Social

Member educated on advance care planning	
Declines discussion at this time	
Substance Abuse	
Healthcare Proxy	

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Evaluator Name : test clinicianFE, FNP

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Address : Bangalore,Bangalore,KA

Lob : Individual

Marital Status : Single

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Phone : 8789876787, 786567

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Food Disparity	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Eye exam	
Heart Healthy Diet	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	
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