



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

07-01-2022

test H members  
Bangalore  
Bangalore, KA, 766778

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 H members	Age	: 28
Date of Birth	: 1993-07-010	Member ID	: 900041286*02
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-31 12:13 PM
Gender	: Female	Address	: Bangalore,Bangalore,KA
Lob	: Individual	Marital Status	: Single
Email	: members@gmail.com	Phone	: 8789876545, 545323
Primary Language	:	Race	:

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	28	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	Amar	

## Family History:

Family Member	Medical Condition	Cause of Death
Father	condition	death

## Care management related to preventive care

Screenings completed during today's visit:

# Patient Assessment Summary

Name : test H members

Age : 28

Date of Birth : 1993-07-010

Member ID : 900041286\*02

Evaluator Name : test clinicianFE, FNP

Date : 2022-7-31 12:13 PM

Gender : Female

Address : Bangalore,Bangalore,KA

Lob : Individual

Marital Status : Single

Email : members@gmail.com

Phone : 8789876545, 545323

Primary :

Race :

Language

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**

None

**Social**

None

**Disease Management**

None

Assessor Comments	
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