

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. Singh john  
NA  
NA, NA, NA

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

06/08/2022

Dr. Singh john  
NA  
NA, NA, NA

Re: Patient member55 test, DOB:06/05/1992

Dear Dr. ,

Optima Health, partnered with Focus Care, recently provided your patient a health visit by one of Focus Care's clinicians. Enclosed is a summary of the results for:

test H member55  
11100066

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, 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 member55	Age	: 30
Date of Birth	: 1992-06-05	Member ID	: 11100066
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-22 01:53 PM
Gender	: Female	Address	: BANGALARORE,BANGALARORE,KARNATKA
Lob	: MLTSS	Marital Status	: Married
Email	: member55@gmail.com	Phone	: 8765434567, 765456
Primary Language	:	Race	:

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	30	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	Singh john	

## 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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# Patient Assessment Summary

Name : test H member55

Age : 30

Date of Birth : 1992-06-05

Member ID : 11100066

Evaluator Name : test clinicianFE, FNP

Date : 2022-6-22 01:53 PM

Gender : Female

Address : BANGALORE,BANGALORE,KARNATKA

Lob : MLTSS

Marital Status : Married

Email : member55@gmail.com

Phone : 8765434567, 765456

Primary :

Race :

Language

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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