

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. mother
Bangalore
Bangalore, KA, 677887

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

06/29/2022

Dr. mother
Bangalore
Bangalore, KA, 677887

Re: Patient members test, DOB:06/26/1998

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 O members
12345678*90

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 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	

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 :

Race :

Language

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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