

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HIGGINS, CHRISTINE MD
113 GAINSBOROUGH SQ STE 300
CHESAPEAKE, VA, 23320

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

04/29/2022

Dr. CHRISTINE HIGGINS
113 GAINSBOROUGH SQ STE 300
CHESAPEAKE, VA, 23320

Re: Patient undefined undefined, DOB:

Dear Dr. HIGGINS,

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:

CHRISTOPHER KNIGHT
1296653*01

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 : CHRISTOPHER KNIGHT
Date of Birth : 1963-03-02
Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob : Individual
Email :
Primary Language :

Age : 59
Member ID : 1296653*01
Date : 2022-4-28 07:12 PM
Address : 1916 PRINCE EDWARD DR,CHESAPEAKE,VA
Marital Status :
Phone : ,
Race : Asian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	59	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

Assisstive Devices and DME

None

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?

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 :

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	HIGGINS, CHRISTINE MD	

Family History:

None

Care management related to preventive care

Patient Assessment Summary

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Language :

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Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

None

Social

None

Disease Management

None

Assessor Comments	test comment
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