

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. kiadb
Bangalore
Bangalore, KA, 788778

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

06/28/2022

Dr. kiadb
Bangalore
Bangalore, KA, 788778

Re: Patient member45 test, DOB:12/27/1997

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 L member45
654321*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	: test L member45	Age	: 24
Date of Birth	: 1997-12-27	Member ID	: 654321*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-10 04:46 PM
Gender	: Male	Address	: Bangalore,Bangalore,Karnataka
Lob	: Individual	Marital Status	: Married
Email	: member@gmail.com	Phone	: 9876786545, 657435
Primary Language	:	Race	:

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	24	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	kiadb	

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 L member45

Age : 24

Date of Birth : 1997-12-27

Member ID : 654321*01

Evaluator Name : test clinicianFE, FNP

Date : 2022-8-10 04:46 PM

Gender : Male

Address : Bangalore,Bangalore,Karnataka

Lob : Individual

Marital Status : Married

Email : member@gmail.com

Phone : 9876786545, 657435

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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