

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. Amar  
Bangalore  
Bangalore, Karnataka, 566776

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

07/01/2022

Dr. Amar  
Bangalore  
Bangalore, Karnataka, 566776

Re: Patient members test, DOB:07/010/1993

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 members  
900041286\*02

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 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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