



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

JASMINE ANDERSON
539 KENMORE DR APT 4
PETERSBURG, VA, 23805-9998

06-06-2022

Dear Optima Health member,

Thank you for having your annual health visit offered to you by Focus Care and Optima Health.

At Focus Care, we believe better information leads to better care. Your in-home health review with Focus Care is a great step toward preventive care and healthy living.

We have enclosed the Personal Health Summary from your recent health visit. This summary gives you a good picture of your health and suggests immunizations, screenings, health tests, and local resources that you may want to discuss with your primary care provider.

We want to remind you that this private information does not affect your health care coverage in any way. Be sure to call Optima Health before you schedule any health test to make sure it is covered.

We hope you will share your Personal Health Summary with your family and discuss it with your primary care provider. If you have questions about this letter or the enclosed Personal Health Summary, 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".

Dr. Jay Schukman, M.D.
Chief Medical Officer
Optima Health

For Optima Health Community Care (OHCC) members ONLY:

Your Optima Health Care Coordinator will still work with you to meet your needs. For questions or concerns, please contact your Optima Health CareCoordinator at 1-866-546-7924.

Patient Assessment Summary

| | | | |
|------------------|-------------------------|----------------|--------------------------------------|
| Name | : JASMINE ANDERSON | Age | : 30 |
| Date of Birth | : 1991-12-17 | Member ID | : 1000565*01 |
| Evaluator Name | : test clinicianFE, FNP | Date | : 2022-4-21 06:21 PM |
| Gender | : Female | Address | : 539 KENMORE DR APT 4,PETERSBURG,VA |
| Lob | : M4 | Marital Status | : |
| Email | : | Phone | : , |
| Primary Language | : Hungarian | Race | : No Ethnicity |

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

Active

None

History of

1. Parotid Disease

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Bed Pan

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

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

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: No

Providers:

| Medical Specialty | Specialist | For |
|------------------------|------------------------|-----|
| Primary Care Physician | BROWN, ALAINA MARIE MD | |

Family History:

None

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Marital Status :
Phone : ,
Race : No Ethnicity

Care management related to preventive care

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

| | |
|------------------------------|--|
| Abdominal Aneurysm Screening | |
| Nutrition/ weight management | |

Social

| | |
|---------------------------|--|
| Substance Abuse | |
| Healthcare Proxy | |
| Food Disparity | |
| Social support evaluation | |

Disease Management

| | |
|--|--|
| Discuss options with your Doctor and/or pharmacist to improve medication adherence | |
| Hearing evaluation | |
| Eye exam | |
| Swallowing evaluation | |
| Take medications as prescribed | |
| Other | |

| | |
|-------------------|--|
| Assessor Comments | |
|-------------------|--|