



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

test D member103  
KARNATAKA  
KARNATAKA, KARNATAKA, 677776

06-09-2022

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	: test D member103	Age	: 37
Date of Birth	: 1985-06-08	Member ID	: 1110103
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-14 01:45 PM
Gender	: Female	Address	: KARNATAKA,KARNATAKA,KARNATAKA
Lob	: MLTSS	Marital Status	: Married
Email	: member103@gmail.com	Phone	: 5678767656, 434654
Primary Language	:	Race	:

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	37	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	KARNAL SINGH	

## 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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Phone : 5678767656, 434654  
Race :

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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