

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. BROWN, ALAINA MARIE MD
1011 EAST JEFFERSON STREET
CHARLOTTESVILLE, VA, 22902

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

BROWN, ALAINA MARIE MD
1011 EAST JEFFERSON STREET
CHARLOTTESVILLE, VA, 22902

Dear Dr. BROWN, ALAINA MARIE MD,

Through our partnership with Focus Care, your patient, covered through Optima Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

JASMINE ANDERSON
12/17/1991
1000565*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 concerns.

If you have any questions, please contact Focus Care at 1-800-371-3338, Monday through Friday from 8:30 a.m. to 9:00 p.m. EST.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Schukman".

Jay Schukman, M.D.
Chief Medical Officer

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

Patient Assessment Summary

Name : JASMINE ANDERSON
Date of Birth : 1991-12-17
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : M4
Email :
Primary Language : Hungarian

Age : 30
Member ID : 1000565*01
Date : 2022-4-21 06:21 PM
Address : 539 KENMORE DR APT 4,PETERSBURG,VA
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	
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