

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. KARNAL SINGH
AP
AP, AP, 788778

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

KARNAL SINGH
AP
AP, AP, 788778

Dear Dr. KARNAL SINGH ,

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:

test D member103
06/08/1985
1110103

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	: 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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Patient Assessment Summary

Name : test D member103
Date of Birth : 1985-06-08
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : MLTSS
Email : member103@gmail.com
Primary Language :

Age : 37
Member ID : 1110103
Date : 2022-7-14 01:45 PM
Address : KARNATAKA,KARNATAKA,KARNATAKA
Marital Status : Married
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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