

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

KINCAID, SCOTT ALLEN  
701 Randolph St Ste 120  
241413047

**IMPORTANT WARNING:** This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

**To the extent that** Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



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

KINCAID, SCOTT ALLEN  
701 Randolph St Ste 120  
Radford

KINCAID, SCOTT ALLEN

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

DEBORAH L DESOUZA  
1965-03-31  
11018136

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.

Sincerely,

Thomas Lundquist, M.D.  
Chief Medical Officer  
Virginia Premier Health

# Patient Assessment Summary

Name	: DEBORAH L DESOUZA	Age	: 56
Date of Birth	: 1965-03-31	Member ID	: 11018136
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1226 W JOHNSON STREET,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5408495954,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	8/10
Age	56	Patients Height	5	Patients Weight	189
BMI	31.4				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual, no screenings
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	Select				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: yes

Substance	Reaction
Arava/Benlysta/Metotrexate	Elevated LFT's
Imuran	Dermatitis
Sulfa	Hives
PCN	severe Yeast infection
Codeine	Nausea/upset stomach

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Depression	Wellbutrin	150mg	PO = By Mouth	QD	Psychiatry	Taking
HLD	atorvastatin	20mg	PO = By Mouth	QD	Endocrinology	Taking
Lupus	Cellcept	500mg (2)	PO = By Mouth	TID	Rheumatology	Taking
Lung disorder/ Lupus	Breo Ellipta	1 inhalation	PO = By Mouth	QD	Pulmonary	Taking
Lung disorder/ Lupus	Albuterol	1-2 puffs	PO = By Mouth	PRN	Pulmonary	Taking

# Patient Assessment Summary

Name	: DEBORAH L DESOUZA	Age	: 56
Date of Birth	: 1965-03-31	Member ID	: 11018136
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1226 W JOHNSON STREET,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5408495954,

Lupus	Plaqenil	200mg	PO = By Mouth	BID	Rheumatology	Taking
Allergic Rhinitis	Singulair	10mg	PO = By Mouth	QD	Pulmonary	Taking
DM2	Metformin ER	500mg (2)	PO = By Mouth	BID	Endocrinology	Taking
Tremors	Propanolol	10mg	PO = By Mouth	BID	Dr Star	Taking
Insomnia/Bipolar	Seroquel	25mg(2)	PO = By Mouth	HS	Psychiatry	Taking
Migraines	Imitrex	50mg	PO = By Mouth	PRN	Dr Star	Taking
Bipolar	Topamax	50mg	PO = By Mouth	QD	Psychiatry	Taking
Lupus/Lung disorder	Rituxan	dose?	IV = Intravenous	PRN	Rheumatology	Taking
DM2	Trulicity	3.0mg	SQ = Subcutaneous	QW	Endocrinology	Taking
GERD	Dexilant	60mg	PO = By Mouth	QD	Gastroenterology	Taking
Anxiety	xanax	1mg	PO = By Mouth	PRN	Psychiatry	Taking
Bone weakness	Calcium Citrate	600mg	PO = By Mouth	BID	Dr Star	Taking
Muscle spasms	Baclofen	10mg	PO = By Mouth	TID	Pain Mgmt	Taking
DM2	Insulin 70/30units	20units	SQ = Subcutaneous	BID	Endocrinology	Taking
Mood disorder	Lamictal	200mg	PO = By Mouth	QD	Psychiatry	Taking
Chronic pain	Lyrica	150mg	PO = By Mouth	BID	Pain mgmt	Taking

## Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-08	Tylenol	325mg	PO = By Mouth	prn aches/pains
2021-07-08	Vitamin E	400mg	PO = By Mouth	supplement

### Race

Answer: Caucasian

### Preferred language

Answer: English

## Diagnoses under Chronic Care Management

Active

# Patient Assessment Summary

Name	: DEBORAH L DESOUZA	Age	: 56
Date of Birth	: 1965-03-31	Member ID	: 11018136
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1226 W JOHNSON STREET,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5408495954,

## Other

OtherAllergic Rhinitis --Tx Singulair

## Other

OtherLung disease associated with complications of Lupus--Tx Breo Ellipita, Albuterol, Oxygen

## Hyperlipidemia

Is patient on StatinYes

Tx Atorvastatin

## GERD

## Other

OtherLiver Disease (NASH--Fatty Liver)--close monitoring

## Bipolar Disorder

## Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Tx Wellbutrin

## Generalized Anxiety Disorder

## Insomnia

## Migraine Headaches

## Other

OtherTremors--Tx Propanolol

## Degenerative Disc Disease

Normal bladder and bowel function Yes

Site of diseaseLumbosacral

Cervical & Lumbosacral--Tx Baclofen, Lyrica, Tylenol, Voltaren gel

## Osteoarthritis

Which jointsNeck, Back, Shoulder, Hips--Tx Tylenol, Lyrica, Baclofen, Voltaren gel

## Other

OtherHx Bilat Hip Replacements

## Diabetes

TypeType 2

Most recent Hb A1C, valueUnknown

And DateUnknowm

Met with a nurse or dietician for diabetic education No

Met with a diabetic educatorNo

## Hypothyroidism

## Other

OtherLupus--Tx Plaquenil, , Cellcept, Prednisone

## Care management related to self - assessment and psychosocial behaviors

Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog0

Comment :

# Patient Assessment Summary

Name	: DEBORAH L DESOUZA	Age	: 56
Date of Birth	: 1965-03-31	Member ID	: 11018136
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1226 W JOHNSON STREET,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5408495954,

## Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups?**Sometimes**  
Comment :

## Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems?**Yes**  
Comment :

## Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy?**No**  
Comment :

## Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney?**No**  
Comment :

## Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive?**No**  
Comment :

## Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed?**Yes**  
Comment :  
Do you worry too much about different things?**Yes**  
Comment :

## Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

Comment: Using cane or walker prn

H. Going up or down stairs : **No**

## Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Cane , Walker

Comment: Using cane or walker prn

# Patient Assessment Summary

Name	: DEBORAH L DESOUZA	Age	: 56
Date of Birth	: 1965-03-31	Member ID	: 11018136
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1226 W JOHNSON STREET,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5408495954,

## Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Endocrinologist		DM, Thyroid disorder
Gastroenterologist		Fatty Liver, GERD
Psychiatrist		Bipolar, Depression/Anxiety, Insomnia
Pulmonologist		Lung disease associated with Lupus
Other	Pain Mgmt	Chronci pain
Other	Rheumatology	Lupus

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Seen your PCP : 1

Comment: PCP visits not often b/c followed by multiple specialist

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : None

C. Stayed in the hospital overnight : None

D. Been in a nursing home : None

E. Had Surgery : None

## Have you ever been hospitalized prior to the last 12 months?

Answer: Yes

Describe

Answer: Multiple Hip Replacements (1992, 2007, 2010).

Shortness of breath --Lung disease due to Lupus

## - In the past year how many times have you Fallen?

Answer: None

Social service referral to evaluate history of potential abuse

## - Have you ever physically or felt emotionally abused by someone

Answer: No

## Have you lost weight in the past 6 months?

Answer: None

## Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable

# Patient Assessment Summary

Name	: DEBORAH L DESOUZA	Age	: 56
Date of Birth	: 1965-03-31	Member ID	: 11018136
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1226 W JOHNSON STREET,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5408495954,

If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

## Care management related to diagnoses and symptoms

### Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	Lung Cancer(smoker with Emphysema)	
Other	MGM/MGF (CAD/MI)	
Other	(Children(DM2)	

### - In the past year how many times have you Fallen?

Answer: None

### Assessors Comments :

Annual Health Assessment, responses provided by member (Deborah).

She has numerous chronic medical issues, numerous specialist & numerous Tx's.

She is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications

\*\*Provided counseling for Preventive Health maintenance recommendations

\*\*Virtual visit, therefore some blank responses due to limited assessment info.

\*\*Verification: Name/DOB