

CONFIDENTIAL INFORMATION

From :

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

To :

ISMAELI-CAMPBELL, ATTIYAH MD
213 RIVER WALK PKWY STE 101
23320

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

ROSE M SUMMERVILLE

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

213 RIVER WALK PKWY STE 101
CHESAPEAKE

2022-05-26

ISMAELI-CAMPBELL, ATTIYAH 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:

ROSE M SUMMERVILLE
900035473*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 concern.

If you have any questions, please contact Focus Care at 1-800-371-3338 (TTY: 711) Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
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Patient Assessment Summary

Name	: ROSE M SUMMERVILLE	Age	: 63
Date of Birth	: 1957-10-05	Member ID	: 900035473*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 209 POPLAR AVE,NORFOLK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/816-4808,757/816-4808,

Temp		Pulse Oximetry		Pain Scale /10	5
Age	63	Patients Height	5	Patients Weight	lbs
BMI	Obesity (BMI 30 – 34.9)				

Comment: As per daughter, Weight unknown

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	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Insomnia	ZOLPIDEM	TAB 10MG	PO = By Mouth	HS	Palliative Care	Taking
pain	PREGABALIN	CAP 75MG	PO = By Mouth	QD	Palliative Care	Taking
Pain	OXYCODONE	TAB 80MG ER	PO = By Mouth	PRN	Palliative Care	Taking
Pain med Tx	NARCAN	SPR	N = Nasal	PRN	Palliative Care	Taking
pain	TRAMADOL HCL	TAB 50MG	PO = By Mouth	PRN	Palliative Care	Taking
Anxiety	ALPRAZOLAM	TAB 0.5MG	PO = By Mouth	PRN	Palliative Care	Taking
Pain	DICLOFENAC	GEL 0.01	T = Topical	PRN	Palliative Care	Taking
Hx DVT	XARELTO	TAB 20MG	PO = By Mouth	QD	Palliative Care	Taking
HTN	LOSARTAN/HCT	TAB 100-25	PO = By Mouth	QD	Palliative Care	Taking

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Depression/ Anxiety	DULOXETINE	CAP 30MG	PO = By Mouth	QD	Palliative Care	Taking
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Over the Counter Medications / Supplements

Answer: No

Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Congestive Heart Failure

DescribeUnknown

Secondary to HypertensionYes

Is patient on an ACE or ARBYes

Tx Lisinopril-HCT

Is patient on a Beta BlockerNo

Hypertension

Adequately controlledUnKnown

Dementia

Type of DementiaEtiology Unknown

Depression

MajorNO

Generalized Anxiety Disorder

Insomnia

Anemia

Etiology

If yes, Patient on

History Of

Deep Vein Thrombosis

Supported by Physical findings

Tx Xalerto

Persistent for three months or moreYes

Hyperlipidemia

Is patient on StatinNo

No current Tx

Multiple Myeloma

Cancer

TypeOther

Describe : [object Object]

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Specific type/sUnknown

Stage or Classification specific to the cancerUnknown

Active treatmentNo

Previous Chemo & radiation Tx

History / Finding of MetastasisNo

Do you see a specialist?Yes

Provider : [object Object]

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 :

Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

When you get written information at a doctor's office would you say it is?Somewhat difficult

Comment : Currently having difficulty due to some emotional or cognitive decline

When you read the instructions on a prescription bottle would you say that it is?Very difficult

Comment :

How confident are you in filling out medical forms by yourself?Not at All Confident

Comment :

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?Often

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 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 :

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy Yes

Comment :

Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney Yes

Comment :

Care management related to patient's activity levels

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- 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 : **Need Some Help**

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

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

Comment: Able to bath self but needs some assistance

E. Dressing : **No**

F. Eating : **No**

G. Walking : **Need Some Help**

How far can you walk

H. Going up or down stairs : **Need Total Help**

How many stairs can you climb : **None**

Care management related to past medical history

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

Answer: Walker , Wheel Chair

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist		Multiple Myeloma
Other	Ortho	OA-Hips

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

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

B. Visited the Emergency Room : **2**

If one or more, describe

July 2021--Evaluation of Chest pain (no findings)

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: 2013--Hypertensive Crisis

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Lob : DSNP Marital Status : Single
Email : Phno : 757/816-4808,757/816-4808,

- 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	No
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	HTN, Breast Cancer	

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, responses provided by Roschonda (daughter). She has memory & speech issues since s/p Chemo & radiation Tx.
She's followed by Palliative Care services , they come into home for frequent visits & Tx plan.
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