

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Helen Parke

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**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

BONNIE L BARTLETT

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

LYNCHBURG

2022-04-28

Helen Parke

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:

BONNIE L BARTLETT  
900035672\*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 | 146/86 mmHG | Pulse           | 76 | Respiratory Rate | 12   |
| Temp           | 98.3        | Pulse Oximetry  | 95 | Pain Scale /10   | 0/10 |
| Age            | 66          | Patients Height | 5  | Patients Weight  | 190  |
| BMI            | 32.6        |                 |    |                  |      |

Your Screenings

# Patient Assessment Summary

|                |                     |                |   |
|----------------|---------------------|----------------|---|
| Name           | : BONNIE L BARTLETT | Age            | : 66  |
| Date of Birth  | : 1955-03-07        | Member ID      | : 900035672*01                              |
| Evaluator Name | : undefined         | Date           | : undefined                                 |
| Gender         | : Female            | Address        | : 1201 LONG MEADOWS DR APT G18,LYNCHBURG,VA |
| Lob            | : DSNP              | Marital Status | : Single                                    |
| Email          | :                   | Phno           | : 434/237-6654,434/237-6654                 |

| Screening Name       | Screening Completed | Exam Date | Screening Result | Diagnosis | Comments               |
|----------------------|---------------------|-----------|------------------|-----------|------------------------|
| DIGITAL_RETINAL_EXAM | Select              |           |                  |           |                        |
| HBA1C                | Select              |           |                  |           |                        |
| MICROALBUMIN         | Select              |           |                  |           |                        |
| FOBT                 | Yes                 |           |                  |           | colon cancer screening |
| DEXA                 | Select              |           |                  |           |                        |
| PAD                  | Select              |           |                  |           |                        |
| Peak Flow Meter      | Select              |           |                  |           |                        |

## Allergies

Answer: **yes**

| Substance   | Reaction         |
|-------------|------------------|
| ibuprofen   | sores on tongue  |
| penicillian | allergy as child |

## Your Medications

| Diagnoses | Label Name       | Dose / Units | Route         | Frequency | Prescribing Physician | Status |
|-----------|------------------|--------------|---------------|-----------|-----------------------|--------|
|           | SERTRALINE TAB   | 150MG        | PO = By Mouth | QD        |                       | Taking |
|           | RISPERIDONE TAB  | 4MG          | PO = By Mouth | QPM       |                       | Taking |
|           | LETROZOLE TAB    | 2.5MG        | PO = By Mouth | QD        |                       | Taking |
|           | TRAZODONE TAB    | 50MG         | PO = By Mouth | PRN       |                       | Taking |
|           | SPIRONOLACT TAB  | 50MG         | PO = By Mouth | QD        |                       | Taking |
|           | ATORVASTATIN TAB | 40MG         | PO = By Mouth | QPM       |                       | Taking |
|           | NIFEDIPINE TAB   | 30MG ER      | PO = By Mouth | QD        |                       | Taking |
|           | BUSPIRONE TAB    | 15MG         | PO = By Mouth | BID       |                       | Taking |
|           | LISINOPRIL TAB   | 40MG         | PO = By Mouth | QD        |                       | Taking |
|           | aspirin          | 81 mg        | PO = By Mouth | QD        |                       | Taking |
|           | SERTRALINE       | TAB 100MG    | Select        | Select    |                       | Taking |
|           | LETROZOLE        | TAB 2.5MG    | Select        | Select    |                       | Taking |
|           | BUSPIRONE        | TAB 15MG     | Select        | Select    |                       | Taking |
|           | NIFEDIPINE       | TAB 30MG ER  | Select        | Select    |                       | Taking |
|           | SPIRONOLACT      | TAB 50MG     | Select        | Select    |                       | Taking |
|           | TRAZODONE        | TAB 50MG     | Select        | Select    |                       | Taking |
|           | LISINOPRIL       | TAB 40MG     | Select        | Select    |                       | Taking |
|           | CICLOPIROX       | SOL 0.08     | Select        | Select    |                       | Taking |
|           | RISPERIDONE      | TAB 3MG      | Select        | Select    |                       | Taking |

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|  |              |           |        |        |  |        |
|--|--------------|-----------|--------|--------|--|--------|
|  | TRIPLE ANTIB | OIN       | Select | Select |  | Taking |
|  | MELOXICAM    | TAB 7.5MG | Select | Select |  | Taking |
|  | ATORVASTATIN | TAB 40MG  | Select | Select |  | Taking |

## Over the Counter Medications / Supplements

Answer: **yes**

| Date | Description          | Dose/Units | Route         | Frequency |
|------|----------------------|------------|---------------|-----------|
|      | acetaminophen        | 1000 mg    | PO = By Mouth | prn       |
|      | B complex            | 1 cap      | PO = By Mouth | qd        |
|      | formula one immunity | 1 cap      | PO = By Mouth | qd        |
|      | Multivit             | 1 cap      | PO = By Mouth | qd        |

### Race

Answer: **Caucasian**

### Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

#### Difficulty with vision

Legally Blind**No**

#### Others

Other**lazy right eye, no difficulty with vision in this eye**

#### Hyperlipidemia

Is patient on Statin**Yes**

#### Hypertension

Adequately controlled**Yes**

#### Depression

Major**Yes**

Supported by : **Chronic use of antidepressant medication beyond 6 months**

#### Generalized Anxiety Disorder

#### Insomnia

#### Osteoarthritis

Which joints**both knees**

#### Other

Other**right foot pain**

### History Of

#### Asthma

Is patient on controller medications**No**

Does patient use rescue medications**No**

Does patient have current exacerbation**No**

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## Cancer

TypeBreast

Specific type/sleft breast cancer, s/p mastectomy. Did not get chemo or radiation, takes Letrozole currently

Stage or Classification specific to the cancerunknown

Active treatmentYes

Active treatment : Other

Describe : [object Object]

Side effects :

none

History / Finding of MetastasisNo

Do you see a specialist?Yes

Provider : [object Object]

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

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.

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

Comment :

Social service referral to further assess social support infrastructure

Who do you currently live with?Alone

Comment :

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 :

Do you feel afraid that something bad might happen?Yes

Comment :

Further assessment is required with a PHQ9 and or referral for a psychological evaluation

having you had little interest or pleasure in doing thingsNearly every day

Comment :

have you been feeling down, depressed or hopeless at times Nearly every day

Comment :

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## 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 : **Need Some Help**

How far can you walk : **Two or more blocks**

*Comment:* feels that she can probably walk two blocks if she walks slowly, pain in knees prevents her from walking further.

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

How many stairs can you climb : **Six to ten**

*Comment:* currently has to climb 10 stairs to get to her apartment but this is very difficult for her due to pain.

## Care management related to past medical history

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

Answer: Walker

Are you currently seeing any specialists?

Answer: Yes

| Medical Specialty | Specialist                     | For                    |
|-------------------|--------------------------------|------------------------|
| Psychiatrist      | Dr. Wilson                     | anxiety and depression |
| Other             | Ortho VA, Dr. Collins, Dr. Cox | knee pain, right foot  |
| Oncologist        | Dr. Cirenza                    | breast cancer          |

- 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 : **None**

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **None**

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

Answer: **Yes**

Describe

Answer: **Depression**

- 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: **Yes**

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         | No             |
| 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 |
|---------------|-------------------|----------------|
| Father        | HTN               | unknown        |
| Mother        | breast CA         | unknown        |

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

Answer: **None**

Assessors Comments :

Face to Face visit was completed. Pt was identified with name and date of birth. Pt had Covid prescreening call. Today patient denied symptoms of cough, shortness of breath or fever and they have not been exposed to anyone who tested + for Covid or anyone with Covid symptoms. Pt verbally provided their height and weight. Any blanks left in this assessment were unable to be completed during this assessment today. Pt reports that she is having difficulty with house work due to pain in her knees. Has been seen by Ortho for her

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right foot and a brace has been ordered.