

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

HERNANDEZ, MARIA A MD  
STE E 129 UNIVERSITY BLVD  
22801

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

JEFFREY T POPE

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

STE E 129 UNIVERSITY BLVD  
HARRISONBURG

2022-05-26

HERNANDEZ, MARIA A 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:

JEFFREY T POPE  
900035720\*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	: JEFFREY T POPE	Age	: 57
Date of Birth	: 1964-10-08	Member ID	: 900035720*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 708 SHOPHIA ST APT 3,FREDERICKSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/846-0387,540/846-0387,

Temp		Pulse Oximetry		Pain Scale /10	
Age	57	Patients Height		Patients Weight	
BMI					

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer:

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	TRESIBA FLEX	INJ 200UNIT	Select	Select		Taking
	HYDROXYZ PAM	CAP 50MG	Select	Select		Taking
	ATORVASTATIN TAB	10MG	Select	Select		Taking
	LISINOPRIL TAB	20MG	Select	Select		Taking
	ARIPIRAZOLE TAB	15MG	Select	Select		Taking
	PEN NEEDLES	MIS 32GX4MM	Select	Select		Taking
	ESCITALOPRAM TAB	20MG	Select	Select		Taking
	PRAZOSIN HCL	CAP 2MG	Select	Select		Taking
	GABAPENTIN TAB	600MG	Select	Select		Taking
	BENZTROPINE TAB	0.5MG	Select	Select		Taking
	TRAZODONE TAB	50MG	Select	Select		Taking
	AFLURIA QUAD	INJ 2020-21	Select	Select		Taking
	FREESTYLE TES	LITE	Select	Select		Taking
	APAP/CODEINE TAB	300-30MG	Select	Select		Taking
	AMOXICILLIN TAB	875MG	Select	Select		Taking

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	ACETAMINOPHE TAB	325MG	Select	Select		Taking
	BUPROPION TAB	100MG SR	Select	Select		Taking
	FREESTYLE MIS	LANCETS	Select	Select		Taking
	ESCITALOPRAM	TAB 20MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 15MG	Select	Select		Taking
	BENZTROPINE	TAB 0.5MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking
	ATORVASTATIN	TAB 10MG	Select	Select		Taking
	HYDROXYZ PAM	CAP 50MG	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	PRAZOSIN HCL	CAP 2MG	Select	Select		Taking
	TRESIBA FLEX	INJ 200UNIT	Select	Select		Taking
	FREESTYLE	TES LITE	Select	Select		Taking
	PEN NEEDLES	MIS 32GX4MM	Select	Select		Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	AMOXICILLIN	TAB 875MG	Select	Select		Taking
	ACETAMINOPHE	TAB 325MG	Select	Select		Taking
	AFLURIA QUAD	INJ 2020-21	Select	Select		Taking
	APAP/CODEINE	TAB 300-30MG	Select	Select		Taking
	ATORVASTATIN CALCIUM		Select	Select		Taking
	BENZTROPINE MESYLATE		Select	Select		Taking
	BUPROPION HYDROCHLORIDE ER (SR)		Select	Select		Taking
	ESCITALOPRAM OXALATE		Select	Select		Taking
	TRESIBA FLEXTOUCH		Select	Select		Taking
	PRAZOSIN HYDROCHLORIDE		Select	Select		Taking
	FREESTYLE LITE TEST STRIPS		Select	Select		Taking
	ULTICARE MICRO PEN NEEDLES/32G X 4MM		Select	Select		Taking
	ACETAMINOPHEN		Select	Select		Taking
	ACETAMINOPHEN/ CODEINE		Select	Select		Taking
	FREESTYLE LANCETS		Select	Select		Taking
	TRAZODONE HYDROCHLORIDE		Select	Select		Taking

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	HYDROXYZINE PAMOATE		Select	Select		Taking
	AFLURIA QUADRIVALENT 2020-2021		Select	Select		Taking
	MODERNA COVID-19 VACCINE		Select	Select		Taking
	ULTICARE MICRO PEN NEEDLES 32G X 4MM		Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: Other

### Describe

Answer: No Ethnicity

### Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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

None

## Care management related to patient's activity levels

If no activities are checked as need some help or total help

## Care management related to past medical history

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

Answer:

Are you currently seeing any specialists?

If no activities are checked as need some help or total help

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

Answer:

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

Answer:

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

Have you lost weight in the past 6 months?

Answer:

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## 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	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

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## Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :