

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SNELLINGS, JOHN E MD
825 FAIRFAX AVE SUITE 118
NORFOLK, VA, 23507

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

TERNEKA T FEREBEE

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

Dr. SNELLINGS, JOHN E MD
825 FAIRFAX AVE SUITE 118
NORFOLK,VA,23507

2022-02-02

Dear Dr. SNELLINGS, JOHN E 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:

TERNEKA T FEREBEE
900035761*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,

Dr. Thomas Lundquist, M.D.
Chief Medical Officer
Optima Health

Patient Assessment Summary

Name	: TERNEKA T FEREBEE	Age	: 33
Date of Birth	: 1988-07-03	Member ID	: 900035761*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: C/O ANNIE LANKFORD ELEY 3512 TIDEWATER DR,NORFOLK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/718-3672,757/718-3672,

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	33	Patients Height	4 feet 0 inch	Patients Weight	97.7 lbs
BMI	29.8(Obesity (BMI 30 – 34.9))				

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: **yes**

Substance	Reaction
Latex	Rash/Hives
Aspirin	Rash/itchiness

Your Medications

Comment : Medications administered through PEG

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Insomnia	Trazadone	TAB 50MG	Select	HS	Dr Snelling	Taking
Constipation	LINZESS	CAP 72MCG	Select	QD	Dr Snelling	Taking
Drooling	GLYCOPYRROLATE	1.5mg	Select	BID	Dr Snelling	Taking
Muscle spasms	Tinazidine	4mg	Select	BID	Dr Snelling	Taking
GERD	Pepcid	20mg	Select	Select	Dr Snelling	Taking
GERD	Prevacid	20mg	Select	Select	Dr Snelling	Taking

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Nausea/ vomiting	Zofran	4mg	Select	Select	Dr Snelling	Taking
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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-15	Multivitamin	1 cap	PO = By Mouth	QD supplement
2021-07-08	Tylenol	325mg	PO = By Mouth	prn aches/pains

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Comment: Nonverbal due to Cerebral palsy

Diagnoses under Chronic Care Management

Active

GERD, Supported By Heartburn / Dyspepsia, Medications

Other, Supported By History, Symptoms, Medications

Other : **PEG tube in place, Tube feeding given 3x/daily (Jevity)**

Cerebral Palsy, Supported By Physical exam, History

Insomnia, Supported By Medication, Symptoms, History

Intellectual and or Developmental Disability, Supported By History, Symptoms

Describe : **Other**

Describe : **undefined**

Urinary Incontinence, Supported By History, Symptoms, Physical Findings

Related to stress : **No**

Describe : **Daily**

Non-ambulatory, debilitated to the bed/wheelchair

Other, Supported By History, Symptoms, Physical Findings

Other : **Cerebral palsy with limited upper extrem movement & bilateral lower extrem contracted with episodes of spasticity**

Skin ulcer, Supported By History, Symptoms, Physical Findings

Etiology : **Pressure**

Sacral-coccyx pressure ulcer (stage unknown)

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.

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

Comment :

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

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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 : **Live with & cared for by Grandmother (Guardian/Caretaker)**

- 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

- 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 Total Help**

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

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

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **Need Total Help**

F. Eating : **Need Total Help**

G. Walking : **Need Total Help**

How far can you walk : **Non-ambulatory**

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

How many stairs can you climb

Care management related to past medical history

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

Answer: Wheel Chair , Other

Other

Describe

Answer: Hospital bed

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Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Gastroenterologist		PEG tube

- 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**

Comment: Visits Q3-6months & prn

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: **PEG tube insertion (?)**

- 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:

Comment: #44-46: Unable to accurately assess due to nonverbal

-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	No
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

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Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	HTN	
Other	MGM (CAD/CVD, DM)	

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

Answer: None

Assessors Comments :

Annual Health Assessment, responses provided by Annie Lankford-Eley (grandmother/legal guardian). She has Cerebral palsy, requires total care, nonverbal & non-ambulatory
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