

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. DAME, LIEN P MD
661 UNIV LANE STE B UNIV PHYS ORANG
ORANGE, VA, 22960

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

CHARLOTTE L RHOADES

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

Dr. DAME, LIEN P MD

661 UNIV LANE STE B UNIV PHYS ORANG

ORANGE,VA,22960

2022-02-02

Dear Dr. DAME, LIEN P 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:

CHARLOTTE L RHOADES

900035925*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 : CHARLOTTE L RHOADES
Date of Birth : 1935-02-07
Evaluator Name : undefined
Gender : Female
Lob : DSNP
Email :

Age : 86
Member ID : 900035925*01
Date : undefined
Address : 147 PARK ST,ORANGE,VA
Marital Status : Single
Phno : 540/748-0789,540/748-0789,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	86	Patients Height	5 feet 2 inch	Patients Weight	180 lbs
BMI	32.9(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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Potassium Supplement	POT CL MICRO	TAB 20MEQ ER	PO = By Mouth	BID	Cardiology	Taking
Anxiety	BUSPIRONE	TAB 10MG	PO = By Mouth	TID	Dr Dame	Taking
CHF/HTN	CARVEDILOL	TAB 25MG	PO = By Mouth	BID	Cardiology	Taking
CHF	FUROSEMIDE	TAB 80MG	PO = By Mouth	QD	Dr Dame	Taking
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QD	Dr Dame	Taking
Anxiety	CLONAZEPAM	TAB 0.5MG	PO = By Mouth	PRN	Dr Dame	Taking
OA	CELECOXIB	CAP 100MG	PO = By Mouth	PRN	Dr Dame	Taking
HTN	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	Dr Dame	Taking
Magnesium supplement	MAGNESIUM OXIDE	400mg	PO = By Mouth	QD	Cardiology	Taking
Anemia	Ferrous Sulfate	325mg	PO = By Mouth	QD	Dr Dame	Taking
Vitamin D deficiency	Vitamin D	50,000units	PO = By Mouth	QW	Dr Dame	Taking

Patient Assessment Summary

Name	: CHARLOTTE L RHOADES	Age	: 86
Date of Birth	: 1935-02-07	Member ID	: 900035925*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 147 PARK ST,ORANGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/748-0789,540/748-0789,

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-19	Tylenol	325mg	PO = By Mouth	prn aches/pains
2021-07-19	Occuvite	1 tab	PO = By Mouth	QD supplement for eye health
2021-07-19	Aspirin	81mg	PO = By Mouth	QD

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Macular Degeneration, Supported By History, Symptoms, Physical Findings

Describe :

Other, Supported By History, Symptoms, Medications

Other : **Allergic Rhinitis--Tx Zyrtec**

Sleep Apnea, Supported By Use of CPAP, Positive sleep studies, Heavy snoring / restlessness during sleep

Congestive Heart Failure, Supported By Medications, Peripheral edema

Describe : **Diastolic**

Secondary to Hypertension : **Yes**

Is patient on an ACE or ARB : **No**

Is patient on a Beta Blocker : **Yes**

Tx Coreg

Hypertension, Supported By Medications, Symptoms

Adequately controlled : **Yes**

GERD, Supported By Heartburn / Dyspepsia, Medications

Generalized Anxiety Disorder, Supported By Symptoms, Antianxiety medication

Urinary Incontinence, Supported By History, Symptoms

Related to stress : **No**

Describe : **Daily**

Osteoarthritis, Supported By Symptoms

Which joints : **OA--All over in various joints**

Anemia, Supported By Lab tests

Etiology : **Iron deficiency**

Tx Ferrous Sulfate

If yes, Patient on : **Iron**

History Of

Cataracts, Supported By History, Symptoms, Physical Findings

Patient Assessment Summary

Name	: CHARLOTTE L RHOADES	Age	: 86
Date of Birth	: 1935-02-07	Member ID	: 900035925*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 147 PARK ST,ORANGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/748-0789,540/748-0789,

Secondary to Diabetes : **No**

Diabetes, Supported By Lab tests

Type : **Type 2**

Most recent Hb A1C, value : **Less than 6.5**

And Date : **March 2021**

Met with a nurse or dietician for diabetic education : **No**

Met with a diabetic educator : **No**

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 cog : **0**

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 :

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

Comment :

How confident are you in filling out medical forms by yourself? : **Not Very 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? : **Sometimes**

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 :

Care management related to patient's activity levels

Patient Assessment Summary

Name	: CHARLOTTE L RHOADES	Age	: 86
Date of Birth	: 1935-02-07	Member ID	: 900035925*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 147 PARK ST,ORANGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/748-0789,540/748-0789,

- 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**

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 , Wheel Chair

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Cardiologist		CHF

- 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**

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

Answer: **Yes**

Describe

Answer: 2019--Admitted for CHF

- 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**

Patient Assessment Summary

Name	: CHARLOTTE L RHOADES	Age	: 86
Date of Birth	: 1935-02-07	Member ID	: 900035925*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 147 PARK ST,ORANGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/748-0789,540/748-0789,

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	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	No
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	DM, HTN	
Mother	DM	

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

Answer: None

Assessors Comments :

Annual Health Assessment, responses provided by Sandy(daughter) & Caretaker (Peggy). Even though she has some age related memory issues, she was able to assist with some info. She is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

**Past medical Hx: Pulm abnormalities (denies)

**Provided counseling for Preventive Health maintenance recommendations

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

**Verification: Name/DOB