

CONFIDENTIAL INFORMATION

From :

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

To :

PONDER, JAMES MD
102B FAIRVIEW DRIVE
23851

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

JARED L HALSEY

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

102B FAIRVIEW DRIVE
FRANKLIN

2022-03-10

PONDER, JAMES 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:

JARED L HALSEY
900036074*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	144/76 mmHG	Pulse	57	Respiratory Rate	16
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Patient Assessment Summary

Name	: JARED L HALSEY	Age	: 39
Date of Birth	: 1981-10-24	Member ID	: 900036074*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 5701 Glen Haven Dr, Roanoke, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/641-8225,

Temp	97.2	Pulse Oximetry	97	Pain Scale /10	0
Age	39	Patients Height	5	Patients Weight	150
BMI	25.0				

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: yes

Substance	Reaction
Possible dairy	Bleeding/Constipation

Your Medications

Comment : Does not take any medications regularly

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status

Over the Counter Medications / Supplements

Answer: No

Race

Answer: Caucasian

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Bleeding Gums

Other

Patient Assessment Summary

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OtherPoor dentition

Intellectual and or Developmental Disability

DescribeOther

Describe :

Other

OtherVon Willebrand disease

History Of

Other

OtherItchy eyes, runny nose around cats

Asthma

Is patient on controller medicationsNo

Does patient use rescue medicationsNo

Does patient have current exacerbationNo

Other

OtherHistory of being hit by car. Multiple leg fractures with placement of plates and screws. Has wide based gait, but stable. Brother states that he will sometimes trip

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

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?Very difficult

Comment : Brother and sister-in-law currently help with all medical information as patient does not understand. Previously helped by his mother

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

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

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 ADLs.

Patient Assessment Summary

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Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/641-8225,

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Comment: Family states that Mr Halsey is independent, just does not have comprehension or mental ability to understand medical issues

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: None

Comment:

Are you currently seeing any specialists?

Answer: **No**

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

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: 2018 hit by car, jaw surgery, leg fracture, splenic laceration, traumatic pneumothorax, mult fractured ribs

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

Answer: **None**

Comment: No major falls, will occasionally trip d/t previous leg surgery

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

Comment: Unable to assess

Have you lost weight in the past 6 months?

Patient Assessment Summary

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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	Yes
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
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	Don't Know

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Father	DM, CAD, pacemaker	
Sibling1	Multiple brothers w/asthma	

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

Answer: **None**

Comment: **No major falls, will occasionally trip d/t previous leg surgery**

Assessors Comments :

Mr. Halsey is a pleasant 39 yo male with intellectual disabilities. He has relocated to Roanoke and is currently living with his brother and sister-in-law (Justin and Girlie Halsey) who are his physical guardians. His mother Millie Allmond is still his POA and legal guardian. His brother and sister-in-law were present for the visit and provided all medical information as Mr. Halsey did not appear to understand the questions. He appeared to be happy, was pleasant and co-operative throughout the visit. He was unable to complete many of the tasks as he did not focus on the instructions and did not appear to understand. He is clean and appears well cared for by his family. There is a toddler in the house who was very protective of Mr. Halsey and he seems quite taken with her. His brother and sister-in-law state that they are having difficulty finding a PCP and dentist for Mr. Halsey and would appreciate any assistance available for this task.