

CONFIDENTIAL INFORMATION

From :

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

To :

PATEL, SONAL MD
908 EDEN WAY N STE 101
23320

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

ROSHARD L BRAY

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

908 EDEN WAY N STE 101
CHESAPEAKE

2022-04-28

PATEL, SONAL 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:

ROSHARD L BRAY
900036845*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	: ROSHARD L BRAY	Age	: 43
Date of Birth	: 1979-04-16	Member ID	: 900036845*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 408 NICHOLAS CT APT J, CHESAPEAKE, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/572-0844, 757/572-0844

Temp		Pulse Oximetry		Pain Scale /10	0
Age	43	Patients Height	5	Patients Weight	180
BMI	28.2				

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	Select				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select	3mg (2)	PO = By Mouth	HS		Taking
	Select	150mg	PO = By Mouth	QD		Taking
	Select	40mg	PO = By Mouth	QD		Taking
	Select	20mg	PO = By Mouth	QD		Taking
	Select	1 spray each nostril	N = Nasal	QD		Taking
	Select	40MG	Select	Select		Taking
	Select	TAB 150MG XL	Select	Select		Taking
	Select	3MG	Select	Select		Taking
	Select		Select	Select		Taking
	Select		Select	Select		Taking
	Select	50MCG	Select	Select		Taking
	Select	20MG	Select	Select		Taking
	Select	INJ 2020-21	Select	Select		Taking
	Select	TAB 3MG	Select	Select		Taking
	Select	CAP 40MG	Select	Select		Taking

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	Select	TAB 20MG	Select	Select		Taking
	Select	INJ 2020-21	Select	Select		Taking
	Select	TAB 150MG XL	Select	Select		Taking
	Select	TAB	Select	Select		Taking
	Select	SPR 50MCG	Select	Select		Taking
	Select		Select	Select		Taking
	MODERNA VAC	INJ COVID-19	Select	Select		Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-04-06	Multivitamin	1 tab	PO = By Mouth	QD
2021-04-06	Vitamin D	2000units	PO = By Mouth	QD
2021-04-06	Tylenol	500mg	PO = By Mouth	prn

Race

Answer: **Other**

Describe

Answer: **No Ethnicity**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind**No**

Myopia

Other

Other**Allergic Rhinitis--Tx Flonase**

Hyperlipidemia

Is patient on Statin**Yes**

Tx Simvastatin

GERD

Bipolar Disorder

Depression

Major**Yes**

Supported by : Chronic use of antidepressant medication beyond 6 months

Tx Wellbutrin

Schizophrenia

Other

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OtherInsomnia --Tx Risperadol

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 cog0

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 :

Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication?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 :

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 : 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)

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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 : 2

Comment: Visits Q6months, last visit Dec 2020

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: No

- 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

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	No
Prostate Exam/PSA	Yes
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

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Family History

Answer: **Yes**

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

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, responses provided by member(Roshard).
He's on Disability for Mental Health issues (Schizophrenia, Bipolar, Depression). Currently denies any SI/HI or distress.
He is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

****Virtual visit, therefore some blank responses due to limited assessment info.**
****Verification: Name/DOB**