

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. DEBOER, SARAH E MD  
1718 WILLIAMSBURG ROAD  
RICHMOND, VA, 23231

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

ROBERT L THOMAS

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

Dr. DEBOER, SARAH E MD  
1718 WILLIAMSBURG ROAD  
RICHMOND,VA,23231

2022-02-02

Dear Dr. DEBOER, SARAH 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:

ROBERT L THOMAS  
900037522\*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,

A handwritten signature in black ink, appearing to read 'Thomas Lundquist'.

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

# Patient Assessment Summary

Name	: ROBERT L THOMAS	Age	: 63
Date of Birth	: 1957-09-07	Member ID	: 900037522*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1427 ROGERS ST,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/729-1539,804/729-1539,

## Your Vital Signs

Blood Pressure	131/77 mmHG	Pulse	94 bpm	Respiratory Rate	17
Temp	97.9	Pulse Oximetry	97	Pain Scale /10	0
Age	63	Patients Height	5 feet 5 inch	Patients Weight	180 lbs
BMI	30.0(Obesity (BMI 30 – 34.9))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-07-22	L: No visually significant pathology, R: No visually significant pathology	Type 2 diabetes mellitus, cataract, glaucoma	
HBA1C	Yes	2021-07-22	Type 2 diabetes mellitus, insulin dependent		
MICROALBUMIN	Yes	2021-07-22	Type 2 diabetes mellitus, insulin dependent		
FOBT	No				
DEXA	Select				
PAD	Yes	2021-07-22	Rt foot=1.13(normal) Lt foot=0.87(moderate )	Type 2 diabetes mellitus	
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
t2dm	INSULIN SYRG	MIS 1ML/31G	SQ = Subcutaneous	TID	joy	Taking
hiv	ISENTRESS	TAB 400MG	PO = By Mouth	BID	joy	Taking
hormone replacement	ESTRADIOL	TAB 2MG	PO = By Mouth	BID	joy	Taking
glaucoma	LUMIGAN	SOL 0.0001	E = Eye	HS	joy	Taking
t2dm	TRULICITY	INJ 1.5/0.5	SQ = Subcutaneous	QW	joy	Taking
hypercholeste	ATORVASTATIN	TAB 80MG	PO = By Mouth	HS	joy	Taking

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remia						
bph	FINASTERIDE	TAB 5MG	PO = By Mouth	QD	joy	Taking
htn	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	joy	Taking
arthritis knees, back	DICLOFENAC	GEL 0.03	T = Topical	TID	joy	Taking
htn	LISINOPRIL	TAB 10MG	PO = By Mouth	QD	joy	Taking
erectile dysfunction	SILDENAFIL	TAB 20MG	PO = By Mouth	PRN	joy	Taking
constipation	DOCUSATE SOD	CAP 100MG	PO = By Mouth	BID	joy	Taking
hormone therapy	MEDROXYPR AC	TAB 10MG	PO = By Mouth	QD	Joy	Taking
hypothyroidis m	LEVOTHYROXIN	TAB 25MCG	PO = By Mouth	QD	joy	Taking
chf, leg edema	FUROSEMIDE	TAB 80MG	PO = By Mouth	QD	joy	Taking
t2dm	LANCETS ULTR	MIS THIN	PO = By Mouth	QD	joy	Taking
hiv	ABACAVIR SULFATE/ LAMIVUDINE	600/300mg	PO = By Mouth	BID	joy	Taking
t2dm	LEVEMIR	74 units	SQ = Subcutaneous	QAM	joy	Taking
constipation	POLYETHYLENE GLYCOL 3350	1 capful	PO = By Mouth	BID	Joy	Taking
t2dm	Insulin Aspart	34 units	SQ = Subcutaneous	TID	joy	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-22	aspirin	81mg	PO = By Mouth	daily
2021-07-22	iron	65mg	PO = By Mouth	QW

### - Race

Answer: **African American**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Cataracts, Supported By History, Symptoms, Medications

Secondary to Diabetes : **Yes**

Glaucoma, Supported By History, Medications

Secondary to Diabetes : **Yes**

Type :

Difficulty Chewing

Because of pain : **No**

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loose bottom right tooth

Congestive Heart Failure, Supported By Medications, Peripheral edema

Describe : **Unknown**

Secondary to Hypertension : **Yes**

Is patient on an ACE or ARB : **Yes**

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

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Other, Supported By History, Medications

Other : **constipation**

BPH, Supported By Medication

Chronic Kidney Disease, Supported By Lab tests

What stage :

Secondary to Diabetes : **Yes**

Secondary to Hypertension : **Yes**

Erectile Dysfunction, Supported By History, Medications

Osteoarthritis, Supported By Symptoms

Which joints : **knees, low back**

Other, Supported By History, Symptoms

Other : **carpal tunnel, left wrist**

Chronic Kidney Disease secondary to Diabetes, Supported By Elevated BUN/Creatinine

Patient on ACE or ARB : **Yes**

Diabetes, Supported By Symptoms, Medications

Type : **Type 2**

Most recent Hb A1C, value : **unknown**

And Date : **unknown**

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

Met with a diabetic educator : **No**

Diabetic Retinopathy, Supported By Vision loss

Patient sees Ophthalmologist : **Occasionally**

Hypertension and Diabetes, Supported By Symptoms, Medications

Is patient on Ace or ARB : **Yes**

Hypothyroidism, Supported By Treatment for hypothyroidism

HIV, Supported By Lab tests, Symptoms, Medications

Viral load : **unknown**

C4 : **unknown**

Patient currently symptomatic : **Yes**

Is patient currently under active treatment : **Yes**

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

- Social service referral to further assess social support infrastructure.

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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 :

- 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)

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Cardiologist	Dr. Boyd	HTN
Infectious Disease Specialist	Dr. Joy	HIV
Nephrologist	VCU	CKD

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Ophthalmologist	VCU	left eye cataract
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If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 4

A. Seen your PCP

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	No
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

## Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
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Mother	AAA, HTN, pacemaker	AAA died at age 84
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- In the past year how many times have you Fallen?

Answer: **None**

**Assessors Comments :** 63yo male member on HRT for transgender - he has not had his sex changed. Pleasant, cooraperative for visit requiring no further referrals. He is happy with his insurance, takes care of himself. He is Type 2 diabetic requiring insulin therapy. He wishes to exercises more, but has a supportive partner that works with him. Overall, doing well; follows up with his doctors regulalry and it UTD on all preventative care and immunizations.