

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. FARTASH, SIMA MD
SUITE B 2022 OPITZ BLVD
WOODBIDGE, VA, 22191

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

MARIA O RIOS

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

Dr. FARTASH, SIMA MD
SUITE B 2022 OPITZ BLVD
WOODBIDGE,VA,22191

2022-02-02

Dear Dr. FARTASH, SIMA 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:

MARIA O RIOS
900037711*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	: MARIA O RIOS	Age	: 78
Date of Birth	: 1943-01-31	Member ID	: 900037711*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4201 GLENDALE ROAD,DALE CITY,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 571/235-8876,571/235-8876,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	78	Patients Height	5 feet 2 inch	Patients Weight	175 lbs
BMI	32.0(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual Visit
HBA1C	No				Virtual Visit
MICROALBUMIN	No				Virtual Visit
FOBT	No				Virtual Visit
DEXA	No				Virtual Visit
PAD	No				Virtual Visit
Peak Flow Meter	No				Virtual Visit

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
DM	NOVOLOG MIX	INJ 70/30	SQ = Subcutaneous	BID	PCM	Taking
HTN	METOPROL TAR	TAB 50MG	PO = By Mouth	BID	PCM	Taking
Neuropathy	GABAPENTIN	CAP 300MG	PO = By Mouth	BID	PCm	Taking
Vit D deficiency	VITAMIN D	CAP 50000UNT	PO = By Mouth	QD	PCM	Taking
	QUETIAPINE	TAB 25MG	Select	Select		Not Taking
glaucoma	TIMOLOL MAL	SOL 0.5% OP	E = Eye	BID	Ophthalmologist	Taking
allergies	MONTELUKAST	TAB 10MG	PO = By Mouth	PRN	PCM	Taking
HLD	EZETIMIBE	TAB 10MG	PO = By Mouth	QD	PCM	Taking
HLD	SIMVASTATIN	TAB 5MG	PO = By Mouth	QPM	PCM	Taking
heart health	aspirin	81mg	PO = By Mouth	QD	PCM	Taking

Patient Assessment Summary

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Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Latino**

- Preferred language

Answer: **Other**

If other,

Answer: Spanish

Diagnoses under Chronic Care Management

Active

Glaucoma, Supported By Medications

Secondary to Diabetes :

Difficulty with Hearing

Chronic Post Nasal Drip, Supported By History

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **UnKnown**

Other, Supported By History

Other : **daughter says she has had some type of heart sysytem and something with a valve. follows with cardiology once yearly. last seen 1/2021**

Peripheral Neuropathy, Supported By Physical findings

Secondary to Diabetes : **Yes**

Osteoarthritis, Supported By Symptoms

Which joints : **low back, knees and ankle**

Diabetes, Supported By Medications

Type : **Type 2**

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

And Date : **May 2021**

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

Met with a diabetic educator :

Vitamin D Deficiency, Supported By Medications

History Of

Cataracts, Supported By History

Secondary to Diabetes :

Gall Bladder Disease, Supported By Treatment history

Care management related to self - assessment and psychosocial behaviors

- Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

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Preferred Language : **Other**

Comment :

If other, : Spanish

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 :

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.

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 : **Need Some Help**

C. Toileting : **No**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **No**

G. Walking : **No**

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

How many stairs can you climb : **More than ten**

Care management related to past medical history

Patient Assessment Summary

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

Answer: Cane , Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
ENT	Dr. Apache	hearing aids
Ophthalmologist	unknown	glaucoma

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: Yes

Describe

Answer: 2010 hernia repair

- 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	No
Breast Exam/Mammography	Yes
Cervical Screening	Don't Know
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes

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Lipid Panel	Yes
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Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer: None

Assessors Comments :

Member gives consent and visit performed virtually . Daughter Vanessa Beltran present and interpreting and providing most information as pt only speaks spanish. Blanks in document due to limitations of client and/or nature of virtual visit and completed to best of ability.
Identity confirmed by DOB, Name and Address

Unable to palpate or inspect nasal mucosa, septum and turbinates, inspect teeth and gums, examine oropharynx, examine thyroid, percuss or palpate chest, auscultate lungs, perform any cardiovascular, lymphatic, skin and subcutaneous tissues or full cranial nerve assessment as this is not appropriate or possible with virtual visits and low resolution visual quality.

Did not inspect or palpate joints, bones and muscles, assess for muscle strength and tone or ROM due to clothing.

Pt did not want to participate in mini-cog and went to rest.

Recommended they keep routine visits with PCM for continued medical care, treatment, and preventative care-pt agrees