

CONFIDENTIAL INFORMATION

From :

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

To :

MICHIE, DAVID W MD
514 W ATLANTIC ST
23970

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

CHRISTOPHE R HAYES

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

514 W ATLANTIC ST
SOUTH HILL

2022-04-28

MICHIE, DAVID W 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:

CHRISTOPHE R HAYES
900038422*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	: CHRISTOPHE R HAYES	Age	: 50
Date of Birth	: 1971-06-16	Member ID	: 900038422*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 614 LOMBARDY ST,SOUTH HILL,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/774-4454,434/774-4454

Temp	97.8	Pulse Oximetry		Pain Scale /10	0
Age	50	Patients Height	6	Patients Weight	339
BMI	37.2				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Unable to perform due to virtual visit
HBA1C	No				Unable to perform due to virtual visit
MICROALBUMIN	No				Unable to perform due to virtual visit.
FOBT	No				Unable to perform due to virtual visit.
DEXA	Select				
PAD	No				Unable to perform due to virtual visit.
Peak Flow Meter	Select				

Allergies

Answer: yes

Substance	Reaction
Sulfur	itch
Cipro & Clindamycin	shortness of breath
Penicillin	rash
Doxycycline	light headed
Indometric	sneezing, coughing, increased mucous

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
2021-05-01	METFORMIN TAB	500MG	PO = By Mouth	QD		Taking
2021-05-01	FAMOTIDINE TAB	20MG	PO = By Mouth	QPM		Taking
2021-05-01	SPIRONOLACT TAB	25MG	PO = By Mouth	QD		Taking
2021-05-01	LOSARTAN POT	TAB 100MG	PO = By Mouth	QPM		Taking
2021-05-01	LORATADINE TAB	10MG	PO = By Mouth	PRN		Taking
2021-05-01	ALLOPURINOL TAB	100MG	PO = By Mouth	QD		Taking
2021-05-01	BUPROPION TAB	75MG	PO = By Mouth	BID		Taking
2021-05-01	ALBUTEROL AER	HFA	PO = By Mouth	PRN		Taking

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2021-05-01	ESOMEPRAMAG	CAP 40MG DR	PO = By Mouth	BID		Taking
2021-05-01	VITAMIN D	TAB 2000UNIT	PO = By Mouth	QD		Taking
2021-05-01	MUCUS RELIEF Mucinex	TAB 1200MG	PO = By Mouth	QD		Taking
2021-05-01	AMLODIPINE TAB	10MG	PO = By Mouth	QD		Taking
2021-05-01	TRIAMCINOLON CRE	0.025%	T = Topical	PRN		Taking
2021-05-01	CARVEDILOL TAB	25MG	PO = By Mouth	QD		Taking
2021-05-01	MUPIROCIN OIN	2%	T = Topical	PRN		Taking
2021-05-01	SUCRALFATE SUS	1GM/10ML	PO = By Mouth	QID		Taking
2021-05-01	AZELASTINE SPR	0.1%	N = Nasal	QD		Taking
2021-05-01	CLOBETASOL CRE	0.05%	T = Topical	PRN		Taking
2021-05-01	FUROSEMIDE TAB	20MG	PO = By Mouth	QD		Taking
2021-05-01	ATORVASTATIN TAB	40MG	PO = By Mouth	QPM		Taking
2021-05-01	FLUTICASONE SPR	50MCG	N = Nasal	QD		Taking
2021-05-01	NITROGLYCERN SUB	0.4MG	PO = By Mouth	PRN		Taking
2021-05-01	BUDESONIDE SUS	32MCG	PO = By Mouth	PRN		Taking
2021-05-01	Trulicity	0.75mg/5mL	SQ = Subcutaneous	QW		Taking
	METFORMIN	TAB 500MG	Select	Select		Taking
	CLOBETASOL	CRE 0.0005	Select	Select		Taking
	HYDROXYZ HCL	TAB 10MG	Select	Select		Taking
	CETIRIZINE	TAB 10MG	Select	Select		Taking
	ALLOPURINOL	TAB 100MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Taking
	DOXYCYCL HYC	TAB 100MG	Select	Select		Taking
	SUCRALFATE	SUS 1GM/10ML	Select	Select		Taking
	LORATADINE	TAB 10MG	Select	Select		Taking
	AZELASTINE	SPR 0.001	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	VITAMIN D3	CAP 50MCG	Select	Select		Taking
	BUPROPION	TAB 75MG	Select	Select		Taking
	ALCOHOL PREP	PAD 0.7	Select	Select		Taking
	CARVEDILOL	TAB 25MG	Select	Select		Taking
	TRIAMCINOLON	CRE 0.005	Select	Select		Taking
	MUCUS RELIEF	TAB 1200MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking

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	LOSARTAN POT	TAB 100MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	ESOMEPRAMAG	CAP 40MG DR	Select	Select		Taking
	LEVOCETIRIZI	TAB 5MG	Select	Select		Taking
	TRULICITY	INJ 0.75/0.5	Select	Select		Taking
	NASAL ALLRGY	SPR 55MCG/ AC	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	ERYTHROMYCIN	OIN OP	Select	Select		Taking
	BACLOFEN	TAB 10MG	Select	Select		Taking
	VITAMIN D	TAB 2000UNIT	Select	Select		Taking
	TRUE METRIX	KIT METER	Select	Select		Taking
	ONETOUCH	TES ULTRA	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	BUDESONIDE	SUS 32MCG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-05-01	Aspirin	81mg	PO = By Mouth	daily
2021-05-01	Aleve	2 tablets	PO = By Mouth	PRN arthritis
2021-05-01	Tylenol	1000mg	PO = By Mouth	PRN muscle spasms

Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Cataracts

Secondary to DiabetesYes

Difficulty with vision

Legally BlindNo

Other

Otherseasonal allergies - taking Loratidine, Azelastine, and Fluticasone

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When needed he uses Mucinex

Asthma

Is patient on controller medicationsNo
Does patient use rescue medicationsNo
Does patient have current exacerbationNo

COPD

Has patient been told they have Chronic BronchitisYes
Has patient been told they have EmphysemaNo
Is patient on BronchodilatorYes
Route is : Inhaled

Uses albuterol and budesonide

Is patient on SteroidsNo
Does patient have current exacerbationNo

Sleep Apnea

Congestive Heart Failure

DescribeUnknown
Secondary to HypertensionYes
Is patient on an ACE or ARBYes

Taking Losartan

Is patient on a Beta BlockerYes

Taking Carvedilol

Hyperlipidemia

Is patient on StatinYes

Hypertension

Adequately controlledYes

GERD

Other

Otherdiaphragmatic hernia - sliding hernia in bottom part of stomach - Sucralfate

Depression

MajorYes
Supported by : Chronic use of antidepressant medication beyond 6 months

Gout

Osteoarthritis

Which jointsbilateral knees - may take Aleve

Other

Othermuscle spasms - upper right chest area - instead of taking the Cyclobenzaprine the doctor told him to take Tylenol 500mg (2).

Dermatitis

What typeUnspecified

He states that he has random flares due to his sensitive skin. He uses Mupirocin cream, Clobetasol cream, and Triamcinolone cream

Diabetes

TypeType 2
Most recent Hb A1C, value7.1
And Datelast month
Met with a nurse or dietician for diabetic education No
Met with a diabetic educatorNo

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Vitamin D Deficiency

History Of

Angina

DescribeStable

Myocardial Infarction

Is patient taking a Beta BlockerYes

Is patient takingAspirin

Other

Otherskull fracture when he was 3 years old from a car accident and he has a metal plate in his right lobe.

Care management related to self - assessment and psychosocial behaviors

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 ADLs.

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

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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
Podiatrist	Dr. Person	nails
Pulmonologist	Dr. Cheveron	sleep apnea
Cardiologist	Dr. Delingle	heart
Allergist / Immunologist	Dr. Bloomberg	allergies
Gastroenterologist	Dr. Gilliam	stomach
Ophthalmologist	Dr. Brown	eye doctor

If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 3

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: More than 15lbs

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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Yes

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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: No

Comment: patient was adopted and does not know his family history.

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

Answer: None

Assessors Comments :

This is a completed audio & video virtual visit. Verbal consent was received by the patient to conduct this virtual visit. Patient identity was verified by address and DOB. Palpation, percussion, and auscultation portions of the assessment were unable to be performed due to this being a virtual visit. Unable to obtain complete set of VS, during HRA visit, due to virtual visit.

Patient's significant other was present during the visit and assisted him with answering questions about his health history.