

CONFIDENTIAL INFORMATION

From :

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

To :

DONALDSON, NICOLE MD
SUITE 504 301 RIVERVIEW AVENUE
23510

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c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

KIMBERLY M HENRY

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

SUITE 504 301 RIVERVIEW AVENUE

NORFOLK

2022-05-26

DONALDSON, NICOLE 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:

KIMBERLY M HENRY

900039032*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	: KIMBERLY M HENRY	Age	: 61
Date of Birth	: 1961-01-17	Member ID	: 900039032*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1417 WENTWORTH DRIVE UNIT 101,VIRGINIA BEACH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 865/307-5144,865/307-5144

Temp		Pulse Oximetry		Pain Scale /10	8
Age	61	Patients Height	5	Patients Weight	228
BMI	41.7				

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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	SUCRALFATE	TAB 5MG	PO = By Mouth	BID	Dr. Donaldson	Not Taking
Depression	DULOXETINE	TAB 30MG	PO = By Mouth	BID	Dr. John Dye	Taking
Hypokalemia	POT CL MICRO	TAB 20MEQ ER	PO = By Mouth	QD	Dr. S. Williams	Taking
SLE	Hydroxychloroquine	TAB 200MG	PO = By Mouth	BID	Dr. John Dye	Taking
Hypotension	MIDODRINE	10MG	PO = By Mouth	TID	Dr. John Dye	Taking
COPD	Albuterol	90MCG	Select	PRN	Dr. J. Smith	Taking
Hx PE/DVT	BISOPROLOL FUM	TAB 5MG	PO = By Mouth	BID	Dr. John Dye	Taking
	AMLODIPINE		Select	Select		Not Taking
	BREO ELLIPTA	TAB 30MG ER	Select	Select		Not Taking
Hx PE/DVT	ELIQUIS	5MG	PO = By Mouth	BID	Dr. John Dye	Taking
	ISOSORB MONO	TAB 5MG	Select	Select		Not Taking

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	VICODIN	TAB 10-325MG	PO = By Mouth	PRN	Dr. X. Cao	Not Taking
	FUROSEMIDE	GEL 0.01	Select	Select		Not Taking
	PREDNISONE	CAP 500MG	Select	Select		Not Taking
Chronic Pain	BUT/APAP/CAF	50-325-40mg	PO = By Mouth	PRN	Dr. X. Cao	Taking
Chronic Pain	HYDROCO/APAP	10-325MG	PO = By Mouth	PRN	Dr. B. Horton	Taking
	DICLOFENAC	TAB 10MG	PO = By Mouth	HS	Dr. X. Cao	Not Taking
	CEPHALEXIN	TAB 1000MCG	Select	Select		Not Taking
	CALMOSEPTINE	TAB 12.5MG	Select	Select		Not Taking
	LINZESS	TAB 25MG	Select	Select		Not Taking
	PANTOPRAZOLE	TAB 20MG	Select	Select		Not Taking
	PROMETHAZINE	SOL PREP KIT	Select	Select		Not Taking
	VITAMIN B-12	PAD 0.05	Select	Select		Not Taking
	AMITRIPTYLIN	CAP 100MG	Select	Select		Not Taking

Over the Counter Medications / Supplements

Answer: No

Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally BlindNo

Chronic Pulmonary Embolism

COPD

Has patient been told they have Chronic BronchitisNo

Has patient been told they have EmphysemaNo

Is patient on BronchodilatorYes

Route is : Inhaled

Is patient on SteroidsNo

Does patient have current exacerbationNo

Hypoventilation secondary to Obesity

Sleep Apnea

Congestive Heart Failure

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DescribeDiastolic
Secondary to HypertensionNo
Is patient on an ACE or ARBNo
Is patient on a Beta BlockerNo

Other

OtherHypotension

GERD

Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Fibromyalgia

Peripheral Neuropathy

Secondary to DiabetesNo

Seizure Disorder

Urinary Incontinence

Related to stressNo

DescribeDaily

Other

OtherHypokalemia

Osteoarthritis

Which jointsknees reports she needs TKR, previously had right THR

Systemic Lupus Erythematosus

Anemia

DescribeMedication

EtiologyChronic Disease

If yes, Patient onFolic Acid

Care management related to self - assessment and psychosocial behaviors

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?Somewhat difficult

Comment : Assisted by daughter who is her caregiver

When you read the instructions on a prescription bottle would you say that it is?Somewhat difficult

Comment : Assisted by daughter who is her caregiver

How confident are you in filling out medical forms by yourself?Not Very Confident

Comment : Assisted by daughter who is her caregiver

Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups?Sometimes

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.

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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 :

Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Do you worry too much about different things?**Yes**

Comment :

Do you feel afraid that something bad might happen?**Yes**

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 : **Need Total Help**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **Need Total Help**

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **Need Total Help**

F. Eating : **No**

G. Walking : **Need Total Help**

How far can you walk : **Non-ambulatory**

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

How many stairs can you climb : **None**

Care management related to past medical history

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

Answer: Bedside Commode , Bed Pan , Other

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
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Other	Rheumatologist	SLE
Cardiologist		CHF
Neurologist		Epilepsy
Pulmonologist		OSA, COPD

- 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

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : 3

If one or more, describe

COVID

C. Stayed in the hospital overnight : 3

If one or more, describe

COVID

D. Been in a nursing home : 1

If one or more, describe

Post COVID

E. Had Surgery : None

Have you ever been hospitalized prior to the last 12 months?

Answer: Yes

Describe

Answer: COVID

- 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: 5lbs

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	No
Bone Density	Yes
Prostate Exam/PSA	Not Applicable

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If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	No
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father		lung cancer
Mother		DM, SLE

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

Answer: None

Assessors Comments :

Telehealth visit: Therefore, some areas are left blank due to limited assessment. Verification of patient: Name and DOB.

HRA completed on Ms. Kimberly Henry who was pleasant and cooperative throughout the entire appointment. She was able to complete her assessment on her own without any assistance or difficulty. Fairly good historian. She was dressed appropriately without any signs of distressed. Her daughter is her primary caretaker whom she lives with. Ms. Henry reports she has been non-ambulatory for 1 year since having COVID in July 2020 complicated by SLE. Multiple hospital admissions. She requires 24/7 care and assistance to complete her ADLs. She would attempt PT/OT while at a SNF but, reports no noted improvement during her stay there. She is eager to ambulate again. May benefit from in-home PT and home health services to assist daughter with the care of patient. Ms. Neekya Craig, patient's daughter was not present during the assessment. It's important to note, Ms. Henry reported she is no longer being treated for hypertension and hyperlipidemia and associated medications were discontinued by PCM. She is now taking Midodrine for hypotension. She also denies CKD and osteoporosis and denies current prescriptions to support the diagnoses. No lab values available to review for CKD. Upon completion of the assessment, Ms. Henry had no additional questions and/or concerns.