

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HUFFMAN, FRANK H MD
209 VILLAGE AVENUE STE P
YORKTOWN, VA, 23693

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

CYNTHIA A MORAN

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

Dr. HUFFMAN, FRANK H MD
209 VILLAGE AVENUE STE P
YORKTOWN,VA,23693

2022-02-02

Dear Dr. HUFFMAN, FRANK H 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:

CYNTHIA A MORAN
900039045*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	: CYNTHIA A MORAN	Age	: 65
Date of Birth	: 1956-07-22	Member ID	: 900039045*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 530 LUCAS CREEK ROAD,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/660-0581,757/660-0581,

Your Vital Signs

Blood Pressure	130/82 mmHG	Pulse	74 bpm	Respiratory Rate	14
Temp	97.8	Pulse Oximetry	97	Pain Scale /10	3/10
Age	65	Patients Height	5 feet 0 inch	Patients Weight	174 lbs
BMI	34.0(Obesity (BMI 30 – 34.9))				

Your Screenings

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

Allergies

Answer: **yes**

Substance	Reaction
proair	HA, SOB

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
chronic pain	TRAMADOL HCL	TAB 50MG	PO = By Mouth	PRN	PCP	Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Not Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Not Taking
	HYDROCHLOROT	TAB 12.5MG	Select	Select		Not Taking
skin redness under breast	CLOTRIM/BETA	CRE DIPROP	T = Topical	PRN	pcp	Taking
	GABAPENTIN	CAP 300MG	Select	Select		Not Taking
HTN	LISINOPRIL	TAB 40MG	Select	Select	PCP	Taking
HTN	AMLODIPINE	TAB 10MG	Select	Select	PCP	Taking
	OXYBUTYNIN	TAB 5MG	Select	Select		Not Taking
HTN	METOPROL SUC	TAB 25MG ER	Select	Select	cardio	Taking
lung disease	ALBUTEROL	AER HFA	Select	Select	pulm	Taking

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HTN	ALLOPURINOL	TAB 100MG	Select	Select	pcp	Taking
	NITROFURANTN	CAP 100MG	Select	Select		Not Taking
	IBUPROFEN	TAB 600MG	Select	Select		Not Taking
	CLOTRIMAZOLE/ BETAMETHASONE DIPROPIONATE		Select	Select		Not Taking
	NITROFURANTOIN MONOHYDRATE/ MACROCRYSTALS		Select	Select		Not Taking
sleep	Trazodone	50mg	PO = By Mouth	HS	pcp	Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : **No**

Vertigo, Supported By Symptoms

Do you lose your balance : **No**

Other, Supported By Symptoms

Other : **rare seasonal/pollen**

Difficulty Swallowing

Have you had a stroke : **No**

Sleep Apnea, Supported By Positive sleep studies, Other

Other, Supported By History, Symptoms, Medications

Other : **"lung disease", has not been diagnosed as COPD/asthma**

Abnormal Cardiac Rhythm, Supported By ECG, Use of rate controlling drug

Describe : **Tachycardia**

Congestive Heart Failure, Supported By DOE, Peripheral edema

Describe : **Unknown**

Secondary to Hypertension : **Yes**

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

Is patient on a Beta Blocker : **No**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Valvular Disease, Supported By History, Symptoms

Describe :

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Valve replacement : **No**

Which valve, type of replacement : **unknown**

Is patient on anticoagulation : **No**

Other, Supported By Test results, Image studies

Other : **esophageal narrowing - upcoming EGD**

Other, Supported By Symptoms, Medications

Other : **trouble sleeping secondary to pain- is starting trazodone**

Other, Supported By Symptoms

Other : **OAB, told her bladder "is falling", didn't think it was a cystocele when asked.**

Osteoarthritis, Supported By Symptoms, Physical Findings, Image studies

Which joints : **bilateral knee- upcoming knee replacement possible**

Other, Supported By History, Symptoms

Other : **scoliosis, muscle weakness, lumbar degeneration**

History Of

Migraine Headaches, Supported By Symptoms

Wound, Supported By Medications

Etiology :

Care management related to self - assessment and psychosocial behaviors

- 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 :

- 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 : **discussed the importance of advanced directives, she reports her significant other and family know her wishes.**

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**

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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: Cane , Walker

Are you currently seeing any specialists?

Answer: Yes

Comment: She cannot recall the name of the specialists but reported the cardiologist and GI doctors were with Riverside Medical Group, she could not tell me who her pulmonologist was because there has been a lot of change of providers.

Medical Specialty	Specialist	For
Cardiologist		murmur, tetralogy of fallot
Gastroenterologist		esophageal narrowing, upcoming EGD
Pulmonologist		OSA, CHF

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

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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	Yes
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
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

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	heart valve replacement, Ca, triple bypass, stroke, dementia	n/a
Mother	Ca	"hospital caused a mistake, faulty IV site caused complications"
Sibling1	breast Ca	n/a

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

Answer: None

Assessors Comments :

After confirmation of patient's name and DOB a face to face appointment was performed. Patient was appropriate and answered questions accurately. She declined performing the fecal occult test because she has an EGD/ colonoscopy scheduled 9/30/21.