

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. Dr Wayne Reynolds  
5659 Pkwy Dr Suite 210  
Gloucester, VA, 23061

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

ASHBY H MAREK

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

Dr. Dr Wayne Reynolds  
5659 Pkwy Dr Suite 210  
Gloucester,VA,23061

2022-02-02

Dear Dr. Dr Wayne Reynolds,

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:

ASHBY H MAREK  
900039097\*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	: ASHBY H MAREK	Age	: 66
Date of Birth	: 1954-08-30	Member ID	: 900039097*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 100 SHAMROCK CT APT D,KILMARNOCK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/436-2959,804/436-2959,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	5/10
Age	66	Patients Height	5 feet 5 inch	Patients Weight	190 lbs
BMI	31.6(Obesity (BMI 30 – 34.9))				

## Your Screenings

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

## Allergies

Answer: **yes**

Substance	Reaction
Augmentin	Diarrhea

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QD	Dr Reynolds	Taking
Insomnia	TRAZODONE	TAB 50MG	PO = By Mouth	HS	Psychiatry	Taking
Allergic Rhinitis	MONTELUKAST	TAB 10MG	PO = By Mouth	QD	Dr Reynolds	Taking
Depression/ Smoking Cessation	BUPROPION HCL	TAB 300MG XL	PO = By Mouth	QD	Psychiatry	Taking
HTN	HYDROCHLOROTHALIDATE	TAB 25MG	PO = By Mouth	QD	Dr Reynolds	Taking
Depression	LATUDA	TAB 40MG	PO = By Mouth	QD	Psychiatry	Taking

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Osteoporosis	ALENDRONATE	TAB 70MG	PO = By Mouth	QW	Dr Reynolds	Taking
Anxiety/Panic attacks	ALPRAZOLAM	TAB 1MG ER	PO = By Mouth	QD	Psychiatrist	Taking
HTN	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	Dr Reynolds	Taking
Vitamin D deficiency	VITAMIN D	CAP 50000UNT	PO = By Mouth	QW	Dr Reynolds	Taking
ADD	CONCERTA	TAB 18MG	PO = By Mouth	QD	Psychiatrist	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-19	Ibuprofen	200mg	PO = By Mouth	Prn aches/pains

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Difficulty with vision

Legally Blind : **No**

Hyperopia, Supported By Symptoms, Glasses/ lenses

Other, Supported By History, Symptoms, Medications

Other : **Allergic Rhinitis--Tx (Singulair )**

Sleep Apnea, Supported By Use of CPAP

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **No**

Hypertension, Supported By Medications

Adequately controlled : **UnKnown**

GERD, Supported By Heartburn / Dyspepsia, Medications

Depression, Supported By Symptoms, Use of antidepressant medication

Major : **Yes**

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

Tx Bupriopion, Wellbutrin, Latuda

Generalized Anxiety Disorder, Supported By Symptoms, Antianxiety medication

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Insomnia, Supported By Medication, Symptoms, History

Other, Supported By History, Symptoms, Medications

Other : ADD-(Symptoms)--Tx Concerta

Degenerative Disc Disease, Supported By Symptoms , Image studies, Medications

Normal bladder and bowel function : Yes

Site of disease : Lumbar

Osteoarthritis, Supported By Symptoms, Image studies

Which joints : Bilat Hips--Tx Ibuprofen

Osteoporosis, Supported By DEXA scan, Medications, Imaging studies

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

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : 0

Comment :

- Social service referral to further assess social support infrastructure

Who do you currently live with? : Alone

Comment :

Do you have someone who can help if you are sick or have problems? : Yes

Comment :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : Current

Comment :

Type : Cigarettes

Comment :

How Many : 1/2 a pack

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

Are you nervous, anxious, feel on the edge or often feel stressed? : Yes

Comment :

Do you worry too much about different things? : Yes

Comment :

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## Care management related to patient's activity levels

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- 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**

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## 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: **No**

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

Comment: Last visit May 2021, visits Q6months & prn

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

B. Visited the Emergency Room : **1**

If one or more, describe

2020--Tooth Abscess

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**

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## 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	Yes
Cervical Screening	No
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
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
Mother	Breast Cancer	
Father	Esophageal cancer	
Select Family Member	MGM (CAD/MI, HTN)	

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

Answer: None

### Assessors Comments :

Annual Health Assessment, responses provided by member (Ashby). Appt scheduled for 0800 but she forgot appt, therefore appt done at this time.  
She's on Disability for Mental Health issues & chronic back issues. Currently followed by Psychiatry & taking Tx for Depression/Anxiety, Insomnia & ADD.  
She is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

\*\*Provided counseling for Preventive Health maintenance recommendations  
\*\*Virtual visit, therefore some blank responses due to limited assessment info.  
\*\*Verification: Name/DOB