

CONFIDENTIAL INFORMATION

From :

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

To :

MCKAY, LAUREN E DO
2116 W LABURNUM AVENUE
23227

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c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

ASHLEY D GILCHRIST

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

2116 W LABURNUM AVENUE

RICHMOND

2022-04-28

MCKAY, LAUREN E DO

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:

ASHLEY D GILCHRIST

900039482*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	132/90 mmHG	Pulse	76	Respiratory Rate	16
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Patient Assessment Summary

Name	: ASHLEY D GILCHRIST	Age	: 30
Date of Birth	: 1991-03-28	Member ID	: 900039482*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 5420 MONTBROOK CIR APT C,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/729-1692,804/729-1692

Temp	97.6	Pulse Oximetry	97	Pain Scale /10	0/10
Age	30	Patients Height	5	Patients Weight	213
BMI	33.4				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	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
	CEPHALEXIN CAP	500MG	Select	Select		Not Taking
	PHENAZOPYRID TAB	200MG	Select	Select		Not Taking

Over the Counter Medications / Supplements

Answer: No

Race

Answer: Other

Describe

Answer: No Ethnicity

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Myopia

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Other

Otherlumbar spine pain without radiculopathy and without myelopathy,

History Of

Other

OtherPatient had urinary tract infection last month, she went to emergency room and they prescribed her oral medications. She states she no longer has symptoms and that it "cleared up".

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 :

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

Currently a caregiver for someone **Yes**

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**

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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: Yes

Medical Specialty	Specialist	For
Obstetrician/Gynecologist	Dr. Parker	

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : None

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

B. Visited the Emergency Room : 1

If one or more, describe

urinary tract

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

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	No
Cervical Screening	Yes
Bone Density	Not Applicable
Prostate Exam/PSA	Not Applicable

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If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	No

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Comment: patient says she was adopted so not sure of medical problems of relatives

Family Member	Medical Condition	Cause of Death
Mother	unknown	
Father	unknown	

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

Answer: None

Assessors Comments :

Patient does not have primary care doctor. Needs referral to obtain and complete regular health maintenance. Needs to see a dentist, she has not had a dental exam in "I don't know how long". See ophthalmology referral. It would also benefit if she were to see an orthopedist for the complaints of pes planus, scoliosis, and possible lumbar spine pain and left ankle synovitis related.