

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HYMAN, LAWRENCE C MD
SUITE A 2114 HARTFORD ROAD
HAMPTON, VA, 23666

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

SONDRA N NICHOLSON

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

Dr. HYMAN, LAWRENCE C MD
SUITE A 2114 HARTFORD ROAD
HAMPTON,VA,23666

2022-02-02

Dear Dr. HYMAN, LAWRENCE C 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:

SONDRA N NICHOLSON
900039782*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,

A handwritten signature in black ink, appearing to read 'Thomas Lundquist'.

Dr. Thomas Lundquist, M.D.
Chief Medical Officer
Optima Health

Patient Assessment Summary

Name : SONDRA N NICHOLSON Age : 37
Date of Birth : 1983-09-10 Member ID : 900039782*01
Evaluator Name : undefined Date : undefined
Gender : Female Address : 1209 75TH ST,NEWPORT NEWS,VA
Lob : DSNP Marital Status : Single
Email : Phno : 757/660-3841,757/660-3841,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	37	Patients Height	5 feet 4 inch	Patients Weight	170 lbs
BMI	29.2(Obesity (BMI 30 – 34.9))				

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
	BUSPIRONE	TAB 10MG	PO = By Mouth	QD		Taking
	VITAMIN D	CAP 50000UNT	PO = By Mouth	QW		Taking
	ADAPALENE	CRE 0.001	T = Topical	QD		Taking
	AMMONIUM LAC	CRE 0.12	T = Topical	QD		Taking
	JUBLIA	SOL 0.1	T = Topical	QOD		Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
	vitamin c	1 tablet	PO = By Mouth	daily

- Race

Patient Assessment Summary

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Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1209 75TH ST,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/660-3841,757/660-3841,

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Generalized Anxiety Disorder, Supported By Antianxiety medication

Other, Supported By Medications

Other : **Vitamin D deficiency**

Eczema, Supported By Medications

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 :

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

Comment :

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

Comment :

- 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 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 :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

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**

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
Dermatologist		eczema

- 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**

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**

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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	Not Applicable
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
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
Father	na	na
Mother	htn, hyperlipidemia	na

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

Answer: None

Assessors Comments : Assessment completed virtually, some items could not be obtained. Identity verified via name and DOB.