

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

HOLLANDSWORTH, THOMAS MD  
20306 BADGER LN  
23418

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

MICHELLE D YOUNG

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

20306 BADGER LN  
ONLEY

2022-04-28

HOLLANDSWORTH, THOMAS 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:

MICHELLE D YOUNG  
900039791\*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	: MICHELLE D YOUNG	Age	: 55
Date of Birth	: 1966-03-07	Member ID	: 900039791*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 23012 BANKS ROAD,CAPE CHARLES,VA
Lob	: DSNP	Marital Status	: Single
Email	: youngmichelle571@gmail.com	Phno	: 757/607-6350,757/607-6350 757/360-1916

Temp		Pulse Oximetry		Pain Scale /10	10/10
Age	55	Patients Height	5	Patients Weight	176
BMI	30.2				

## 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: yes

Substance	Reaction
penicillin	hives

## Your Medications

Comment : methotrexate - takes 5 capsules once a week on sunday

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	prednisone	5mg	PO = By Mouth	QD		Taking
	lasix	20mg	PO = By Mouth	QD		Taking
	methotrexate	2.5mg	PO = By Mouth	Select		Taking
	folic acid	1mg	PO = By Mouth	QD		Taking
	albuterol inh	puff	PO = By Mouth	QD		Taking
	advair	puff	PO = By Mouth	QD		Taking
	HYDROCO/APAP TAB	5-325MG	Select	Select		Not Taking
	OXYCODONE TAB	5MG	Select	Select		Not Taking
	HYDROCORT CRE	2.5%	Select	Select		Not Taking
	CIPROFLOXACN TAB	250MG	Select	Select		Not Taking
	OXYBUTYNIN TAB	10MG ER	Select	Select		Not Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Not Taking
	ACETAMINOPHEN	TAB 500MG	Select	Select		Taking

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	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	METHOTREXATE	TAB 2.5MG	Select	Select		Taking
	HYDROCORT	CRE 0.025	Select	Select		Taking
	PREDNISONE	TAB 5MG	Select	Select		Taking
	CIPROFLOXACN	TAB 250MG	Select	Select		Taking
	ACETAMIN	TAB 500MG	Select	Select		Taking
	PAIN RELIEF	TAB 500MG	Select	Select		Taking
	FOLIC ACID	TAB 1MG	Select	Select		Taking
	OXYBUTYNIN	TAB 10MG ER	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer: No

### Race

Answer: Caucasian

### Preferred language

Answer: English

## Diagnoses under Chronic Care Management

### Active

#### Asthma

Is patient on controller medicationsYes

#### advair

Does patient use rescue medicationsYes

#### albuterol inh

Does patient have current exacerbationNo

#### Urinary Incontinence

Related to stressNo

DescribeDaily

#### Rheumatoid Arthritis

Which jointsall of her joints, but her hands are the worst has contactures in her hands , for example she is unable to open a bottle water with a cap

#### Other

Otheredema bilateral legs, takes lasix

#### Anemia

EtiologyFolate Deficiency

If yes, Patient onFolic Acid

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## 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?**Often**

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.

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 :

## 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**

Comment: due to rheumatoid arthritis pain and stiffness all over her body

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

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

Comment: due to rheumatoid arthritis pain and stiffness all over her body

C. Toileting : **Need Some Help**

Comment: due to rheumatoid arthritis pain and stiffness all over her body

D. Bathing : **Need Total Help**

Comment: due to rheumatoid arthritis pain and stiffness all over her body

E. Dressing : **Need Total Help**

Comment: due to rheumatoid arthritis pain and stiffness all over her body

F. Eating : **No**

Comment: may have difficulty due to contractures in her fingers

G. Walking : **Need Total Help**

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How far can you walk

H. Going up or down stairs : **No**

Comment: relies on holing onto a rail

## 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
Other	Rheumatologist	rheumatoid arthritis
Select	urologist	urinary incontinence

If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 3

A. Seen your PCP

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

B. Visited the Emergency Room : 1

If one or more, describe

November 2020, arthritis flared up so badly, gave her a shot - did not appear to help

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : 1

If one or more, describe

2020 right knee surgery for her knee cap

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.

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Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	No
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: No

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

Answer: None

Assessors Comments : Member's ID confirmed via name, date of birth and address.