

CONFIDENTIAL INFORMATION

From :

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

To :

Dr Zena Carter
Unknown

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

TEODORA CEBRECOS

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

Unknown

2022-04-19

Dr Zena Carter

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:

TEODORA CEBRECOS
900039811*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	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	66	Patients Height	5	Patients Weight	144
BMI	27.2				

Your Screenings

Patient Assessment Summary

Name : TEODORA CEBRECOS Age : 66
Date of Birth : 1955-08-02 Member ID : 900039811*01
Evaluator Name : undefined Date : undefined
Gender : Female Address : 4730 KOESTER DR,DALE CITY,VA
Lob : DSNP Marital Status : Single
Email : Phno : 703/507-2482,703/507-2482,

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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
aches/pains	CAPSAICIN	CRE 0.00025	T = Topical	PRN	Dr Carter	Taking
Allergy Sx	LORATADINE	TAB 10MG	PO = By Mouth	QD	Dr Carter	Taking
HLD	ATORVASTATIN CALCIUM	10mg	PO = By Mouth	QD	Dr Carter	Taking
GERD	Omeprazole	20mg	PO = By Mouth	QD	Dr Carter	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-24	Tylenol	325mg	PO = By Mouth	prn aches/pains

Race

Answer: Other

Describe

Answer: Peru--Spanish speaking

Preferred language

Answer: Other

Comment: Peru--Spanish speaking (Spanish Interpreter assisted with this HRA visit)

If other,

Answer: Spanish

Diagnoses under Chronic Care Management

Patient Assessment Summary

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Active

Other

OtherAllergic Rhinitis--Tx Loratadine prn

Hyperlipidemia

Is patient on StatinYes

Tx Atorvastatin

GERD

Osteoarthritis

Which jointsHands--Capsaicin topical, Tylenol prn

Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred LanguageOther

Comment : Peru--Spanish speaking (Spanish Intrepreter assisted with this HRA visit)

If other,

Comment

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

Mini cog0

Comment :

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 : Difficulty due to limited English

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

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 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 :

Care management related to patient's activity levels

Patient Assessment Summary

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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: **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 : **2**

Comment: Visits Q6months & prn. Last visit June 2021

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	No
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	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	CAD, CHF	
Sibling1	HTN	

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

Answer: None

Assessors Comments :

Annual Health Assessment, responses provided by member (Teodora). She speaks primarily Spanish, some but limited English therefore Spanish Interpreter used to complete this HRA.
She is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

**Past medical Hx: Previous took Vitamin D for previous Vitamin D deficiency. Hematuria previously associated with a past UTI. Low back pain noted (denies issues)

**Provided counseling for Preventive Health maintenance recommendations

**Virtual visit, therefore some blank responses due to limited assessment info.

**Verification: Name/DOB