

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Paul Johnstone, PA-C
1661 South Main Street
Harrisonburg, VA, 22801

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

ROSA O TEJEDA

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

Dr. Paul Johnstone, PA-C
1661 South Main Street
Harrisonburg, VA, 22801

2022-02-02

Dear Dr. Paul Johnstone, PA-C,

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:

ROSA O TEJEDA
900039939*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	: ROSA O TEJEDA	Age	: 75
Date of Birth	: 1946-03-27	Member ID	: 900039939*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1501 VIRGINIA AVE APT 132,HARRISONBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/208-8172,540/208-8172

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	75	Patients Height	5 feet 4 inch	Patients Weight	152 lbs
BMI	26.1(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: **yes**

Substance	Reaction
Hydrocodone	GI upset, rash
Zoloft	tremors

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Hypothyroidism	LEVOTHYROXIN	TAB 25MCG	PO = By Mouth	QD	Johnstone	Taking
HTN	LISINAPRIL	TAB 10MG	PO = By Mouth	QD	Johnstone	Taking
HLD	ROSUVASTATIN	TAB 20MG	PO = By Mouth	HS	Johnstone	Taking
Hypothyroid	EUTHYROX	TAB 25MCG	PO = By Mouth	QD	Johnstone	Taking
Hemorrhoids	PROCTO-MED	CRE HC 2.5%	R = Rectal	PRN	Johnstone	Taking
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QD	Johnstone	Taking
A.R	FLUTICASONE	SPR 50MCG	N = Nasal	PRN	Johnsto	Taking

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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-13	Tylenol	500mg	PO = By Mouth	PRN

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Comment: Spanish

Diagnoses under Chronic Care Management

Active

Chronic Post Nasal Drip, Supported By Symptoms, Medications

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

Crestor

Hypertension, Supported By Medications

Adequately controlled : **Yes**

GERD, Supported By Heartburn / Dyspepsia, Medications

Other, Supported By History, Symptoms, Physical Findings, Image studies

Other : **Chronic Gastritis. Diaphragmatic Hernia.**

EGD April 2021

Generalized Anxiety Disorder, Supported By Symptoms

Degenerative Disc Disease, Supported By Symptoms

Normal bladder and bowel function : **Yes**

Site of disease : **Thoracic**

Hypothyroidism, Supported By Treatment for hypothyroidism

History Of

Difficulty Swallowing

Have you had a stroke : **No**

Cancer, Supported By Treatments, Surgery, Biopsy

Type : **Kidney**

Specific type/s : **[object Object]**

Stage or Classification specific to the cancer : **[object Object]**

Active treatment : **No**

History / Finding of Metastasis : **No**

Do you see a specialist? : **Yes**

Provider : **[object Object]**

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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 : 3

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 :

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

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 :

- 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 :

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 : 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

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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
Oncologist		Renal Cancer
Pulmonologist		Lung nodule

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

Refer patient for a physical therapy evaluation : 5 or more

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

Upper abdominal pain. EGD performed. DX: chronic gastritis, diaphragmatic hernia

C. Stayed in the hospital overnight : 1

If one or more, describe

above problem

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

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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	Not Applicable
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: No

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

Answer: None

Assessors Comments :

Virtual visit completed. Pt's identity confirmed with name, DOB and address. Pt is a pleasant 75 year old female that lives alone. Pt reports her sister and nephew live near her and they are a good support system for her. Pt reports she has had an abnormal mammogram but no diagnosis of cancer. Pt does regular mammograms. Pt states she has an abnormal nodule on her lung, was sent to a pulmonologist and an MRI was performed but pt states this was a benign finding. Pt states she has seen the pulmonologist once and does not have to go back at this time. Pt instructed to keep immunizations up to date. Pt instructed on obtaining a Life Alert as this would allow patient to access emergency response services if she should fall or have another medical issue where she needed to call for help and was not able to access a phone. Pt instructed to keep immunizations up to date. Pt verbalized understanding of all instructions and education.