

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

JIN, XIAO H MD  
15 GOODRICH AVE  
23805

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

SHIRLEY A RAINES

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

15 GOODRICH AVE  
PETERSBURG

2022-05-26

JIN, XIAO H 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:

SHIRLEY A RAINES  
900039979\*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	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
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# Patient Assessment Summary

Name	: SHIRLEY A RAINES	Age	: 73
Date of Birth	: 1948-05-18	Member ID	: 900039979*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 320 MISTLETOE ST,PETERSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/861-6158,804/861-6158,

Temp		Pulse Oximetry		Pain Scale /10	
Age	73	Patients Height		Patients Weight	
BMI					

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				patient refused kit
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
diabetes 2	GLIPIZIDE	TAB 5MG	PO = By Mouth	QD	Dr. Hearst	Taking
hypothyroidism	LEVOTHYROXIN	TAB 75MCG	PO = By Mouth	QD	Dr. Johnson	Taking
diabetes 2	PEN NEEDLES	MIS 31GX5/16	SQ = Subcutaneous	BID	Dr. Hearst	Taking
arthritis	OXYCOD/APAP	TAB 7.5-325	PO = By Mouth	PRN	Dr. Hearst	Taking
hyperlipidemia	ATORVASTATIN	TAB 10MG	PO = By Mouth	QD	Dr. Hearst	Taking
neuropathy left leg	GABAPENTIN	TAB 600MG	PO = By Mouth	TID	Dr. Hearst	Taking
COPD	ALBUTEROL	AER HFA	PO = By Mouth	BID	Dr. Hearst	Taking
Diabetes	JANUVIA	TAB 50MG	PO = By Mouth	BID	Dr. hearst	Taking
CHF	FUROSEMIDE	TAB 40MG	PO = By Mouth	BID	Dr. hearst	Taking
atrial fibrillation	CLOPIDOGREL	TAB 75MG	PO = By Mouth	BID	Dr. Hearst	Taking

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Gout	ALLOPURINOL	TAB 300MG	PO = By Mouth	BID	Dr. Hearst	Taking
COPD	MONTELUKAST	TAB 10MG	PO = By Mouth	QD	Dr. Hearst	Taking
COPD	TRELEGY	AER ELLIPTA	PO = By Mouth	QD	Dr. Hearst	Taking
Diabetes 2	LANTUS SOLOS	INJ 100/ML	SQ = Subcutaneous	HS	Dr. Hearst	Taking
COPD	Duoneb	3 mL every 6 hours for wheezing	PO = By Mouth	PRN	Dr. Hearst	Taking
cardiac	ASPIRIN ADULT LOW STRENGTH	81 mg	PO = By Mouth	QD	Dr. Hearst	Taking
COPD	ALBUTEROL SULFATE HFA	90 mcg/ actuation/2 puffs every 4 hours for wheezing	PO = By Mouth	PRN	Dr. Hearst	Taking
hypercholesterolemia	ATORVASTATIN CALCIUM	40 mg	PO = By Mouth	QD	Dr. Hearst	Taking
copd	TRELEGY ELLIPTA	100-62.5-25 /1 puffmcg	PO = By Mouth	QD	Dr. Hearst	Taking
DM II	TRUE METRIX BLOOD GLUCOSE TEST STRIPS	1 strip per BID	T = Topical	BID	Dr. Hearst	Taking
yeast infection	Zinc oxide-white petroleum	17-57%	T = Topical	TID	Dr. Hearst	Taking
doesn't know	sodium bicarbonate	2 tablets	PO = By Mouth	TID	Dr. Hearst	Taking
iron deficiency	ferrous sulfate	325 mg	PO = By Mouth	QD	Dr. Hearst	Taking
COPD	symbicort	160-4.5 mcg/ actuation/2 puffs	PO = By Mouth	BID	Dr. Hearst	Taking
DM 2	lantus	27 units/subq daily	SQ = Subcutaneous	QD	Dr. Hearst	Taking
Vitamin D 3	VITAMIN D3	2,000 units	PO = By Mouth	QD	Dr. Hearst	Taking
constipation	docusate sodium enema	1 enema	R = Rectal	PRN	Dr. Hearst	Taking

## Over the Counter Medications / Supplements

Answer: No

### Race

Answer: Other

### Describe

Answer: No Ethnicity

### Preferred language

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Answer: English

## Diagnoses under Chronic Care Management

### Active

#### Asthma

Is patient on controller medications**Yes**  
Does patient use rescue medications**Yes**  
Does patient have current exacerbation**No**

#### COPD

Has patient been told they have Chronic Bronchitis**No**  
Has patient been told they have Emphysema**No**  
Is patient on Bronchodilator**Yes**  
Route is : **Inhaled**  
Is patient on Steroids**Yes**  
Route is : **Inhaled**  
Does patient have current exacerbation**No**

#### Atrial Fibrillation

Supported by**Medications**  
Is patient taking**Anticoagulant**

#### Congestive Heart Failure

Describe**Unknown**  
Secondary to Hypertension**Yes**  
Is patient on an ACE or ARB**No**  
Is patient on a Beta Blocker**No**

#### Hyperlipidemia

Is patient on Statin**Yes**  
atorvastatin 40 mg q day

#### GERD

#### Chronic Kidney Disease

Describe**patient states that she does have kidney failure although she still urinates on her own. She is unsure what her last creatinine was and she does not follow up with kidney specialist.**  
What stage  
Secondary to Diabetes**Yes**  
Secondary to Hypertension**No**

#### Urinary Incontinence

Related to stress**No**  
Describe**Few times a week**

#### Other

Other

#### Gout

#### Osteoarthritis

Which joints**polyarticular**

#### Other

Other**candidiasis**

#### Diabetes

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TypeType 2

Most recent Hb A1C, valueunkown

And Dateunknown

Met with a nurse or dietician for diabetic education No

Met with a diabetic educatorNo

Peripheral Neuropathy secondary to Diabetes

Patient sees PodiatristNo

Vitamin D Deficiency

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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 cog3

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 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 :

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## 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 Some Help

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

B. Getting in or out of chairs : Need Some Help

C. Toileting : Need Total Help

D. Bathing : Need Some Help

E. Dressing : Need Some Help

F. Eating : Need Some Help

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G. Walking : **Need Total Help**

Comment: patient in wheelchair

How far can you walk : **Non-ambulatory**

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: Wheel Chair , Bedside Commode , Bed Pan , Other

**Other**

**Describe**

Answer: foley catheter using short term until skin heals

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Cardiologist	Nadeem Faruqi, 804-520-1080	CHF, atrial fibrillation

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

Refer patient for a physical therapy evaluation : **4**

A. Seen your PCP

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

B. Visited the Emergency Room : **3**

If one or more, describe

constipation, breathing troubles from CHF

C. Stayed in the hospital overnight : **5 or more**

If one or more, describe

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

E. Had Surgery : **None**

Have you ever been hospitalized prior to the last 12 months?

Answer: **Yes**

**Describe**

Answer: **"breathing problems"**

- 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	Yes
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes
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 :

Needs medicaid van 5 days in advance

Needs mammogram

Patient was recently discharged from hospital and has constipation, she did manage to have a bowel movement yesterday but still is constipated. She has fleets enemas used to treat. She does have home health come to assist her. During this assessment patient was uncomfortable due to constipation issues and did not want assessor to stay for entire assessment.