

CONFIDENTIAL INFORMATION

From :

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

To :

ASHWORTH, JOEL MD
402 NORTH MAIN STREET
22482

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

STEVEN W RICE

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

402 NORTH MAIN STREET
KILMARNOCK

2022-04-19

ASHWORTH, JOEL 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:

STEVEN W RICE
900040027*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	: STEVEN W RICE	Age	: 66
Date of Birth	: 1955-08-29	Member ID	: 900040027*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 112 MYWAY LN,WHITE STONE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/435-6978,804/435-6978,

Temp		Pulse Oximetry		Pain Scale /10	0
Age	66	Patients Height	6	Patients Weight	212
BMI	28.7				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				ASSESSMENT COMPLETED VIRTUALLY
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	Select				
PAD	No				
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
PCN	ANAPHYLAXIS

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	JANUVIA	TAB 100MG	PO = By Mouth	QD		Taking
	GABAPENTIN	CAP 600MG	PO = By Mouth	TID		Taking
	LOSARTAN POT	TAB 50MG	PO = By Mouth	QD		Taking
	FUROSEMIDE	TAB 20MG	PO = By Mouth	BID		Taking
	LEVEMIR	INJ FLEXTUOC 40U	SQ = Subcutaneous	QD		Taking
	METOPROL TAR	TAB 25MG	PO = By Mouth	QD		Taking
	ATORVASTATIN	TAB 80MG	PO = By Mouth	QD		Taking
	ELIQUIS	TAB 5MG	PO = By Mouth	QD		Taking
	AMIODARONE	TAB 200MG	PO = By Mouth	QD		Taking
	CLOPIDOGREL	TAB 75MG	PO = By Mouth	QD		Taking
	POT CHLORIDE	TAB 10MEQ ER	PO = By Mouth	QD		Taking
	DULOXETINE HCL	30MG	PO = By Mouth	QOD		Taking

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Over the Counter Medications / Supplements

Answer: No

Race

Answer: Caucasian

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Atrial Fibrillation

Supported by Medications

Is patient taking Anticoagulant

Cardiomyopathy

Secondary to Hypertension No

Congestive Heart Failure

Describe Systolic

Secondary to Hypertension No

Is patient on an ACE or ARB No

Is patient on a Beta Blocker Yes

Hyperlipidemia

Is patient on Statin Yes

Hypertension

Adequately controlled Yes

Peripheral Vascular Disease

History Diabetes Yes

Describe Ulceration

Peripheral Neuropathy

Secondary to Diabetes Yes

Other

Other L.Leg BKA

Diabetes

Type Type 2

Most recent Hb A1C, value UNKNOWN

And Date UNKNOWN

Met with a nurse or dietician for diabetic education Yes

Met with a diabetic educator Yes

Treatment includes : Insulin

History Of

Angina

Describe Stable

Other

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OtherCABG

TIA

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?**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 :

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy **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**

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: Cane , Prosthesis , Wheel Chair

Are you currently seeing any specialists?

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Answer: Yes

Medical Specialty	Specialist	For
Cardiologist		CABG, HTN
Other		SURGEON FOR LEG

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 : None

C. Stayed in the hospital overnight : None

D. Been in a nursing home : None

E. Had Surgery : 1

If one or more, describe

R.LEG, ARTERY WAS OPENED

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.

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	No
If Diabetic Eye Exam	No
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

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Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	HTN	DECEASED
Mother	NA	DECEASED

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

Answer: None

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