

CONFIDENTIAL INFORMATION

From :

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

To :

PERRY, ANGELICA DO
702 PINE ST
24343

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

DANNY K PICKETT

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

702 PINE ST
HILLSVILLE

2022-04-28

PERRY, ANGELICA DO

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:

DANNY K PICKETT
900040029*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	: DANNY K PICKETT	Age	: 58
Date of Birth	: 1963-02-20	Member ID	: 900040029*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 971 COON RIDGE RD,HILLSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 276/733-6092,276/733-6092

Temp		Pulse Oximetry		Pain Scale /10	0
Age	58	Patients Height	5	Patients Weight	180
BMI	30.0				

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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
2021-04-28	ATORVASTATIN TAB	40MG	PO = By Mouth	HS		Taking
2021-04-28	FLUOXETINE CAP	40MG	PO = By Mouth	QD		Taking
2021-04-28	MAG-G	TAB 500MG	PO = By Mouth	BID		Taking
2021-04-28	AMLODIPINE TAB	5MG	PO = By Mouth	QD		Taking
2021-04-28	SPIRIVA	SPR 2.5MCG	Select	BID		Taking
2021-04-28	LACTULOSE SOL	10GM/15	PO = By Mouth	BID		Taking
2021-04-28	MIRTAZAPINE TAB	45MG	PO = By Mouth	HS		Taking
2021-04-28	SYMBICORT AER	160-4.5	Select	BID		Taking
2021-04-28	CHANTIX	PAK 0.5& 1MG	PO = By Mouth	BID		Taking
2021-04-28	CARVEDILOL TAB	3.125MG	PO = By Mouth	BID		Taking
2021-04-28	Albuterol HFA	90 MCG	Select	PRN		Taking
2021-04-28	Folic Acid	1mg	PO = By Mouth	QD		Taking
	MIRTAZAPINE	TAB 45MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	MAGNESIUM	TAB 27MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking

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	CARVEDILOL	TAB 3.125MG	Select	Select		Taking
	CONSTULOSE	SOL 10GM/15	Select	Select		Taking
	MAG-G	TAB 500MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	SYMBICORT	AER 160-4.5	Select	Select		Taking
	LACTULOSE	SOL 10GM/15	Select	Select		Taking
	FLUOXETINE	CAP 40MG	Select	Select		Taking
	CHANTIX	PAK 0.5& 1MG	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-04-21	ASA	326 MG	PO = By Mouth	QD
2021-04-28	MVI		PO = By Mouth	QD

Race

Answer: **Caucasian**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Myopia

Difficulty with Hearing

COPD

Has patient been told they have Chronic Bronchitis**No**

Has patient been told they have Emphysema**No**

Is patient on Bronchodilator**Yes**

Albuterol HFA

Route is : **Inhaled**

Is patient on Steroids**Yes**

Symbicort, Spiriva

Route is : **Inhaled**

Does patient have current exacerbation**No**

Hyperlipidemia

Is patient on Statin**Yes**

Atorvastatin

Hypertension

Adequately controlled**UnKnown**

Depression

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Major**Yes**

Supported by : Chronic use of antidepressant medication beyond 6 months

Prozac, Remeron

Other

OtherElevated Ammonia levels due to history of Alcoholism.

Takes Lactulose, Folic Acid and Mag Ox daily

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**2**

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.

How confident are you in filling out medical forms by yourself?**Not Very Confident**

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 and or provide medication for smoking cessation.

Tobacco Use**Current**

Comment :

Type

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 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**

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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

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Pulmonologist		COPD

- 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

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: Yes

Describe

Answer: Bilateral hip replacement surgery

- 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	Not Applicable

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Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Don't Know
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	COPD	
Father	DM	

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

Answer: None

Assessors Comments :

Virtual visit completed. Pt's identity confirmed with name, DOB, address, and wife. Pt is a pleasant 58 year old male that lives with his wife. Pt is independent with all ADLs. Patient reports he had both hips replaced at the same time over a year ago.