

CONFIDENTIAL INFORMATION

From :

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

To :

HARRISON, REID MD
102 FAIRVIEW DR STE B
23851

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

ANGELA S WILLIAMS

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

102 FAIRVIEW DR STE B
FRANKLIN

2022-04-04

HARRISON, REID 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:

ANGELA S WILLIAMS
900040062*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	: ANGELA S WILLIAMS	Age	: 66
Date of Birth	: 1955-09-01	Member ID	: 900040062*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 22066 AURORA ST,COURTLAND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/998-1670,757/998-1670, 434/637-3725,

Temp		Pulse Oximetry		Pain Scale /10	2
Age	66	Patients Height	5	Patients Weight	110
BMI	19.5				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual Visit
HBA1C	No				Virtual Visit
MICROALBUMIN	No				Virtual Visit
FOBT	No				Virtual Visit
DEXA	No				Virtual Visit
PAD	No				Virtual Visit
Peak Flow Meter	No				Virtual Visit

Allergies

Answer: yes

Substance	Reaction
PCN	Hives

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
pain	OXYCOD/APAP	TAB 5-325MG	PO = By Mouth	QID	Onc	Taking
Pain	MORPHINE SUL	TAB 30MG ER	PO = By Mouth	TID	ONC	Taking
Cough	HYD POL/CPM	SUS 10-8/5ML	PO = By Mouth	BID	Onc	Taking
dm	METFORMIN	TAB 1000MG	Select	Select	pcm	Not Taking
depression	DULOXETINE	CAP 30MG	PO = By Mouth	QD	Onc	Taking
cleansing	CHLORHEX GLU	SOL 0.0012	T = Topical	PRN	ONC	Taking
COPD	IPRATROPIUM/	SOL ALBUTER	PO = By Mouth	BID	ONC	Taking
nausea	PROMETHAZINE	TAB 12.5MG	PO = By Mouth	QID	Onc	Taking
CA	LETROZOLE	TAB 2.5MG	PO = By Mouth	QD	ONC	Taking
HLD	PRAVASTATIN	TAB 40MG	PO = By Mouth	QD	PCM	Taking
Hewa	ASPIRIN LOW	TAB 81MG EC	PO = By Mouth	QD	PCM	Taking
HTN	LISINOPRIL	TAB 40MG	PO = By Mouth	QD	PCM	Taking
CA	SUCRALFATE	SUS 1GM/10ML	PO = By Mouth	AC & HS	Onc	Taking

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HTN	AMLODIPINE	TAB 5MG	PO = By Mouth	QD	PCM	Taking
vit D def	VITAMIN D3	CAP 50000UNT	PO = By Mouth	QD	PCM	Taking
Unknown	dexamethason	2mg	PO = By Mouth	QD	PCM	Taking
Cough	Benzonatate	200mg	PO = By Mouth	TID	Onc	Taking
unknown	Folic Acid	1mg	PO = By Mouth	QD	Onc	Taking

Over the Counter Medications / Supplements

Answer: No

Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Difficulty Chewing

Because of painYes

Teeth loosening and falling out. Starting process for full mouth extraction and denture fitting next month

Because you wear partial or complete dentures : No

Hyperlipidemia

Is patient on StatinYes

Hypertension

Adequately controlledUnKnown

Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Osteoarthritis

Which jointsknees and arms

Vitamin D Deficiency

Cancer

TypeLung

Initial dx of Lung, brain, eye CA in fall 2020 treated with radiation and chemo. Spring 2021 dx of breast and bone. Right mastectomy 5/21.

Asked what the initial ca location was and then asked if the other sites were mets and she said she did not know.

Specific type/sunknown

Stage or Classification specific to the cancer4

Active treatmentYes

Active treatment : Chemotherapy

tx with chemo/rad and surgery

Side effects : Nausea

History / Finding of MetastasisYes

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Location : [object Object]

To Cancer, history / finding of Cachexia : No

Do you see a specialist?Yes

Provider : [object Object]

History Of

Others

OtherEYE Ca treated with radiation 2020. Last eye exam about 5 months ago

Other

OtherLung Ca. residual chronic cough since treated with chemo last year

TIA

Care management related to self - assessment and psychosocial behaviors

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 :

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 UseCurrent

Comment :

Type

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 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 Some Help

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D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **No**

G. Walking : **Need Some Help**

How far can you walk : **Household only**

H. Going up or down stairs : **Need Some Help**

How many stairs can you climb : **More than ten**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Cane

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist	Dr. Sile	Ca

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

Refer patient for a physical therapy evaluation : **3**

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

Low BP

C. Stayed in the hospital overnight : **1**

If one or more, describe

Low BP -decreased BP meds at discharge

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

E. Had Surgery : **1**

If one or more, describe

Mastectomy 5/23/2021

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

Answer: Yes

Describe

Answer: **Mastectomy, hysterectomy, wrist surgeries,**

- 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

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Answer: **No**

Have you lost weight in the past 6 months?

Answer: **15lbs**

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	Yes
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: **Yes**

Family Member	Medical Condition	Cause of Death
Father		ca
Mother		cirrhoris

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

Answer: **None**

Assessors Comments :

Member gives consent and visit performed virtually. Son and caretaker Donnie present and helping with visit. Blanks in document due to limitations of client and/or nature of virtual visit and completed to best of ability. Identity confirmed by DOB, Name and Address

Unable to palpate or inspect nasal mucosa, septum and turbinates, inspect teeth and gums, examine oropharynx, examine thyroid, percuss or palpate chest, auscultate lungs, perform any cardiovascular, lymphatic, skin and subcutaneous tissues or full cranial nerve assessment as this is not appropriate or possible with virtual visits and low resolution visual quality.

Did not inspect or palpate joints, bones and muscles, assess for muscle strength and tone or ROM due to clothing.

Unable to perform minicog as video froze and only audio available at that point.

Pt actively receiving chemo 3/4 Fridays /month. Uses mediport on L chest

Recommended they keep routine visits with PCM and Onc. for continued medical care, treatment, and

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preventative care-pt agrees