

CONFIDENTIAL INFORMATION

From :

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

To :

Danielle S. Lewis
125 Nationwide Dr
24502

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

PATRICK M JONES

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

125 Nationwide Dr

Lynchburg

2022-03-16

Danielle S. Lewis

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:

PATRICK M JONES

900040245*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	63	Respiratory Rate	
----------------	--	-------	----	------------------	--

Patient Assessment Summary

Name	: PATRICK M JONES	Age	: 41
Date of Birth	: 1980-04-10	Member ID	: 900040245*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1056 WILD BRIAR PL CHERYL JONES,FOREST,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/525-1505,434/525-1505,

Temp		Pulse Oximetry	96	Pain Scale /10	0
Age	41	Patients Height	5	Patients Weight	125
BMI	21.5				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: yes

Substance	Reaction
rocephin	facial swelling
Avelox	SOB, hives, rash

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescrib ing Physicia n	Status
peripheral edema	FUROSEMIDE	TAB 20MG	PO = By Mouth	QAM	Lewis	Taking
chronic constipation	LINZESS	CAP 290MCG	PO = By Mouth	QD	Lewis	Taking
Hypothyroidis m	LEVOTHYROXIN	TAB 150MCG	PO = By Mouth	QAM	Lewis	Taking
Pneumonia precuations	AZITHROMYCIN	TAB 250MG	PO = By Mouth	Select	Mialam	Taking
seizures	ZONISAMIDE	CAP 100MG	PO = By Mouth	BID	Fountain	Taking
seizures	DIVALPROEX	TAB 750MG DR	PO = By Mouth	TID	Fountain	Taking
seizures	CLONAZEPAM	TAB 0.5MG	PO = By Mouth	PRN	Fountain	Taking
vitamin d deficiency	VITAMIN D	CAP 1000UNIT	PO = By Mouth	QD	Lewis	Taking
seizures	FYCOMPA	TAB 6MG	PO = By Mouth	QPM	Fountain	Taking

Patient Assessment Summary

Name : PATRICK M JONES Age : 41
Date of Birth : 1980-04-10 Member ID : 900040245*01
Evaluator Name : undefined Date : undefined
Gender : Male Address : 1056 WILD BRIAR PL CHERYL JONES,FOREST,VA
Lob : DSNP Marital Status : Single
Email : Phno : 434/525-1505,434/525-1505,

seizures	PHENOBARB	TAB 64.8MG	PO = By Mouth	QPM	Fountain	Taking
chronic lung disease	ALBUTEROL	NEB 0.63MG/3	PO = By Mouth	PRN	Lewis	Taking
skin breakdown/rash	MUPIROCIN	OIN 0.02	T = Topical	PRN	Lewis	Taking
electrolyte balance	MAGNESIUM	TAB 500MG	PO = By Mouth	BID	Lewis	Taking
Chronic constipation	SENN	TAB 8.6MG	PO = By Mouth	BID	Lewis	Taking
chest congestion/pneumonia precaution	MUCINEX	TAB 1200MG ER	PO = By Mouth	BID	Lewis	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-22	multivitamin		PO = By Mouth	daily
2021-07-22	tylenolol	500mg	PO = By Mouth	prn for fever or pain
2021-07-22	pepcid	10mg	PO = By Mouth	prn for acid reflux
2021-07-22	milk of magneisa	1-4tbsp	PO = By Mouth	prn for constipation

Race

Answer: Caucasian

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally BlindYes

Difficulty Chewing

Because of painNo

Difficulty Swallowing

Have you had a strokeNo

Chronic Sputum Production

Sleep Apnea

Other

Otherchronic lung disease

Abnormal Cardiac Rhythm

Describeheart monitor to evaluate, no intervention

DescribeBradycardia

Patient Assessment Summary

Name	: PATRICK M JONES	Age	: 41
Date of Birth	: 1980-04-10	Member ID	: 900040245*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1056 WILD BRIAR PL CHERYL JONES,FOREST,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/525-1505,434/525-1505,

while sleeping

Other

Otherperipheral edema

GERD

Other

Otherchronic constipation

Cerebral Palsy

Intellectual and or Developmental Disability

DescribeOther

Describe :

Seizure Disorder

Urinary Incontinence

Related to stressNo

DescribeDaily

Other

Otherscoliosis s/p sinal fusion surgery

contractures- bilateral elbows, bilateral hands

Hypothyroidism

Vitamin D Deficiency

History Of

Sinus Infections

ExudatePurulent

Chronic Respiratory Failure

Pneumonia

Etiology

History / finding of Lung abscessNo

History / finding of EmpyemaNo

Other

OtherHydrocephalus s/p Cystoperitoneal shunt

Skin ulcer

Etiology

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

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?Very difficult

Comment :

When you read the instructions on a prescription bottle would you say that it is?Very difficult

Comment :

Patient Assessment Summary

Name	: PATRICK M JONES	Age	: 41
Date of Birth	: 1980-04-10	Member ID	: 900040245*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1056 WILD BRIAR PL CHERYL JONES,FOREST,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/525-1505,434/525-1505,

How confident are you in filling out medical forms by yourself?**Not at All 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 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 :

Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney **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 : **Need Total Help**

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

B. Getting in or out of chairs : **Need Total Help**

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **Need Total Help**

F. Eating : **Need Total Help**

G. Walking : **Need Total Help**

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

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

How many stairs can you climb : **None**

Care management related to past medical history

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

Answer: Wheel Chair , Other

Other

Describe

Answer: Barrier free lift

Are you currently seeing any specialists?

Patient Assessment Summary

Name	: PATRICK M JONES	Age	: 41
Date of Birth	: 1980-04-10	Member ID	: 900040245*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1056 WILD BRIAR PL CHERYL JONES,FOREST,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/525-1505,434/525-1505,

Answer: Yes

Medical Specialty	Specialist	For
Pulmonologist	Dr. Micheal Milam	Chronic lung disease
Neurologist	Dr. Nathan Fountain	Seizures

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 : 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: 10/2014 hyponatremia

- 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:

Comment: patient is non verbal

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
Prostate Exam/PSA	No
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Patient Assessment Summary

Name	: PATRICK M JONES	Age	: 41
Date of Birth	: 1980-04-10	Member ID	: 900040245*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1056 WILD BRIAR PL CHERYL JONES,FOREST,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/525-1505,434/525-1505,

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	HTN, DM2	alive
Mother	rheumatoid arthritis	alive

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

Answer: None

Assessors Comments :

Patrick is a 41 y/o male who is wheel chair bounded and non verbal. He has cerebral palsy and dandy walker syndrome. Member id is verified via name, date of birth, and home address by mother Cheryl. Cheryl and Rickey are the guardians and POA for the patient. This is a virtual visit with video and audio call therefore parts of the assessment and vital signs are not obtainable. He lives with his parents and is total dependent for his ADLs. He uses signs like clapping to communicate certain things otherwise he is non verbal. Otherwise no complaints. He is stable and alert with some instances of him falling asleep during the visit. Cheryl assisted patient during this virtual visit and answered most of the questions related to Patrick as she is the caregiver as well.