

CONFIDENTIAL INFORMATION

From :

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

To :

HEIM, STEVEN W MD
RT 151 AT VALLEY GREEN CENT
22958

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c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

ROBERT M CLAPP JR

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

RT 151 AT VALLEY GREEN CENT

NELLYSFORD

2022-05-26

HEIM, STEVEN W 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:

ROBERT M CLAPP JR

900040914*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	: ROBERT M CLAPP JR	Age	: 43
Date of Birth	: 1978-06-12	Member ID	: 900040914*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 200 MAIN ST,LOVINGSTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/263-8734,434/263-8734, 434/882-4508,

Temp		Pulse Oximetry		Pain Scale /10	
Age	43	Patients Height	5	Patients Weight	163.2
BMI	28.9				

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:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select	CAP 250MG	Select	Select		Taking
	Select	TAB 800-160	Select	Select		Taking
	Select	TAB 1000UNIT	Select	Select		Taking
	Select	TAB 200MG	Select	Select		Taking
	Select	TAB 10MG	Select	Select		Taking
	Select		Select	Select		Taking
	DOK	CAP 100MG	Select	Select		Taking
	VITAMIN D	TAB 1000UNIT	Select	Select		Taking
	CARBAMAZEPINE		Select	Select		Taking
	SULFAMETHOXAZOLE/TRIMETHOPRIM DS		Select	Select		Taking
	VITAMIN D		Select	Select		Taking
	D3-1000		Select	Select		Taking
	DOK		Select	Select		Taking
	POLYETHYLENE GLYCOL 3350		Select	Select		Taking

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	BACITRACIN		Select	Select		Taking
	PREPARATION H		Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: Other

Describe

Answer: No Ethnicity

Preferred language

Answer: English

Diagnoses under Chronic Care Management

None

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 :

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

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 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 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

D. Bathing : Need Some Help

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E. Dressing : **Need Some Help**

F. Eating : **No**

G. Walking : **Need Some Help**

How far can you walk : **Two or more blocks**

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

How many stairs can you climb : **Three to five**

Care management related to past medical history

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

Answer: None

Comment:

Are you currently seeing any specialists?

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

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

Answer:

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

Answer:

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

Have you lost weight in the past 6 months?

Answer:

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	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	

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Lipid Panel

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :

REOCCURING UTIS-URINARY RETENTION- HOSPITALIZED
ON ABX X 15 DAYS X 4 DAYS SEE UROLOGIST HAS KIDNEY STONE NONOBSTRUCTING
CEREBRAL SHUNT- HYDROCEPHALUS-SEIZURES
WEARS GLASSES
HYDROCEPHALUS
CONSPATIO-MIRALAX DAILY
HAS 1/2 IN LIFT TO R. FOOT WALKS
FALL ABOUT 2 WEEKS AGO, NEEDS ASSISTANCE
ALLERGIES-NONE