

CONFIDENTIAL INFORMATION

From :

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

To :

TIFFANY POLO

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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

CONNIE L BROWN

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

2022-05-26

TIFFANY POLO

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:

CONNIE L BROWN
900041702*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	
Temp		Pulse Oximetry		Pain Scale /10	2/10
Age	67	Patients Height	5	Patients Weight	225
BMI	37.4				

Your Screenings

Patient Assessment Summary

Name	: CONNIE L BROWN	Age	: 67
Date of Birth	: 1954-04-21	Member ID	: 900041702*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4828 RICHMOND HWY,TAPPAHANNOCK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/443-3349,804/443-3349,

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select		RECENT RIGHT LEG ANGIOPLASTY		
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
PREDNISONE	DIZZINESS,LETHARGY

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	AC	PCP	Taking
PAIN MANAGEMENT	OXYCODONE	TAB 5MG	PO = By Mouth	AC & HS	PCP	Taking
HYPOTHYROID	SYNTHROID	TAB 50MCG	PO = By Mouth	AC	PCP	Not Taking
PAIN MANAGEMENT	PIROXICAM	CAP 20MG	PO = By Mouth	AC & HS	PCP	Taking
HTN	HYDROCHLOROT	TAB 25MG	PO = By Mouth	AC	PCP	Taking
HTN	AMLODIPINE	TAB 2.5MG	PO = By Mouth	AC	PCP	Taking
OESTOARTHRTIS KNEE	DICLOFENAC	GEL 0.01	PO = By Mouth	AC & HS	PCP	Taking
HYPERLIPIDEMIA	OMEGA-3-ACID ETHYL ESTERS		PO = By Mouth	HS	PCP	Taking
ANGIOPLASTY	CLOPIDOGREL	75 MG	PO = By Mouth	AC	CARDIOLOGIST	Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-12	VITAMIN C	500 MG	PO = By Mouth	DAILY

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Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Other

OtherEXTERNAL EAR ITCHING - CHRONIC

Hyperlipidemia

Is patient on StatinNo

OMEGA-3 ONLY MED SHE TAKES, ASKED TO FOLLOW UP WITH PCP REGARDING STATIN AS MEMBER NOT TAKING UNKNOWN RX STATIN

Hypertension

Adequately controlledNo

NON-ADHERENCE TO MED MANAGEMENT

Peripheral Vascular Disease

History DiabetesYes

Describe

GERD

Degenerative Disc Disease

Normal bladder and bowel function Yes

Site of diseaseLumbosacral

Osteoarthritis

Which jointsBACK AND KNEE AND FOOT

Other

OtherBILAT FOOT PAIN - DIAGNOSED WITH plantar fasciitis

Diabetes

DescribeSAY MY DIABETES IS DIET CONTROLLED

TypeType 2

Most recent Hb A1C, valueUNKNOWN

And DateUNKNOWN

Met with a nurse or dietician for diabetic education No

Met with a diabetic educatorNo

Hypothyroidism

History Of

Carotid Stenosis

DescribeRIGHT CEA 6/2010

DescribeRight

Pneumonia

EtiologyOther Bacterial

History / finding of Lung abscessNo

History / finding of EmpyemaNo

TIA

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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

Who do you currently live with?**Alone**
Comment :

Do you have someone who can help if you are sick or have problems?**No**
Comment :

Counsel patient on and or provide medication for smoking cessation.

Tobacco Use**Current**
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 :

Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Do you worry too much about different things?**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**

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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?

Answer: Yes

Medical Specialty	Specialist	For
Other	PAIN MANAGEMENT	
Podiatrist	PLANTER FASCITIS	

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

Refer patient for a physical therapy evaluation : 5 or more

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

MAY 21 - POST ANGIOPLASTY -RIGHT - PAIN AT THE SITE

C. Stayed in the hospital overnight : None

D. Been in a nursing home : None

E. Had Surgery : 2

If one or more, describe

RIGHT LEG ANTGIOPLASTY

RADIO FREQUENCY LEFT LEG ABLATION FOR PAIN MANAGEMENT

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

Answer: No

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

Answer: Once

Do you worry about falling or feeling unsteady when standing or walking

Answer: Yes

Comment: ONLY IN BATHROOM AS IT TOO SMALL OR TOO NARROW

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

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

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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	Yes
Breast Exam/Mammography	No
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	CANCER	LUNG CANCER
Mother	DM	

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

Answer: Once

Do you worry about falling or feeling unsteady when standing or walking

Answer: Yes

Comment: ONLY IN BATHROOM AS IT TOO SMALL OR TOO NARROW

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

Assessors Comments :

MEMBER IDENTIFIED BY NAME/DOB/ADDRESS AND PHONE #. VIRTUAL VISIT WITH LIMITED PHYSICAL EXAMS. PREVENTIVE EDUCATION IS PROVIDED FOR PREVENTIVE CARE, VACCINATION, AND HEALTH ACTIVITIES. NEED CASE MANAGER CONSULT AS MEMBER NEED SUPPORT FOR THE MED MANAGEMENT AND DISEASE MANAGEMENT. SHE NEEDS TO BE ESTABLISHED WITH ENDOCRINE. SHE NEED TO RESTART STATIN, HAS RIGHT CAROTIDENDARTERECTOMY AND RIGHT LEG ANGIOPLASTY BUT MEMBER TELL ME THAT SHE HAS BORDERLINE CHOLESTEROL.