

CONFIDENTIAL INFORMATION

From :

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

To :

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500 West Cummings Park Suite 2700| Woburn, MA 01801

OMAR R FARAG

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

2022-05-26

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:

OMAR R FARAG
900041948*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	
Age	68	Patients Height	5	Patients Weight	120
BMI	23.4				

Your Screenings

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
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Patient Assessment Summary

Name	: OMAR R FARAG	Age	: 68
Date of Birth	: 1953-07-01	Member ID	: 900041948*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 61 EAST HAMPTON CT,HARRISONBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 540/560-1793,540/560-1793,

	Completed				
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
	QUETIAPINE	TAB 25MG	PO = By Mouth	BID	Dr A	Taking
	DONEPEZIL	TAB 10MG	PO = By Mouth	QPM		Taking
	CARVEDILOL	TAB 3.125MG	Select	BID		Taking
	AMOX/K CLAV	SUS 250/5ML	Select	Select		Taking
	MEMANTINE	TAB HCL 10MG	PO = By Mouth	BID		Taking
	RAMIPRIL	CAP 5MG	SQ = Subcutaneous	QD		Taking
	AMOXICILLIN/CLAVULANATE POTASSIUM		Select	Select		Taking
	DONEPEZIL HYDROCHLORIDE		Select	Select		Taking
	QUETIAPINE FUMARATE		Select	Select		Taking
	MEMANTINE HYDROCHLORIDE		Select	Select		Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency

Race

Answer: Caucasian

Preferred language

Answer: Other

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If other,
Answer:

Diagnoses under Chronic Care Management

Active

Hypertension

Adequately controlled **Yes**

Dementia

Type of Dementia **Etiology Unknown**

Urinary Incontinence

Related to stress **No**

Describe **Daily**

Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language **Other**

Comment :

If other,

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 much school have you completed? **Less than 3rd grade**

Comment :

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 :

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.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? **Often**

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 Durable Power of Attorney

Durable Power of Attorney **Yes**

Comment :

Care management related to patient's activity levels

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- 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**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk

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: Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
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- 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: No

- 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: No

Have you lost weight in the past 6 months?

Answer: **More than 15lbs**

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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	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer:

Assessors Comments :