

CONFIDENTIAL INFORMATION

From :

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

To :

between providers

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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

ANGELA D STANLEY

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

2022-03-16

between providers

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 D STANLEY
900042980*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	0
Age	46	Patients Height	5	Patients Weight	176
BMI	32.2				

Your Screenings

Patient Assessment Summary

Name	: ANGELA D STANLEY	Age	: 46
Date of Birth	: 1975-01-28	Member ID	: 900042980*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 278 DOGWOOD ACRES RD,BUMPASS,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/387-8453,804/387-8453,

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	rash

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Hypothyroid	LEVOTHYROXIN	TAB 137MCG	PO = By Mouth	QD	PCM	Taking
Anxiety	CLONAZEPAM	TAB 2MG	PO = By Mouth	BID	Psych	Taking
IBS	DICYCLOMINE	TAB 20MG	PO = By Mouth	QD	Gastro	Taking
Neuropathy	GABAPENTIN	TAB 800MG	PO = By Mouth	TID	PCM	Taking
Bipolar	CARBAMAZEPIN	TAB 400MG ER	PO = By Mouth	QD	Psych	Taking
GERD	PANTOPRAZOLE	TAB 20MG	PO = By Mouth	QD	Gastro	Taking
Bipolar	VRAYLAR	CAP 4.5MG	PO = By Mouth	QPM	PCM	Taking
ALLERGIES	CETIRIZINE	TAB 10MG	PO = By Mouth	QD	PCM	Taking
Depression	FLUVOXAMINE	TAB 100MG	PO = By Mouth	QD	Psych	Taking
"unknown per Pt"	BENZTROPINE	TAB 1MG	PO = By Mouth	BID	PSych	Taking

Over the Counter Medications / Supplements

Answer: **No**

Race

Answer: **Caucasian**

Preferred language

Answer: **English**

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Diagnoses under Chronic Care Management

Active

Chronic Post Nasal Drip

Other

OtherFull dentures

Colon Polyps

DescribeBenign

found 1-2 months ago

GERD

Other

OtherIBS. Experiencing frequent abdominal discomfort making her not want to eat. Currently seeing Gasto for work up. Negative colonoscopy. Just started treating for IBS within the last month. Following up next month

Bipolar Disorder

Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Generalized Anxiety Disorder

Migraine Headaches

Peripheral Neuropathy

Secondary to DiabetesNo

Hypothyroidism

History Of

Extremity Fracture (other than Hip)

DescribeTraumatic

DescribeArm

Current (within 12 weeks)No

Describe fracture/s10 years ago right humerus fx

Care management related to self - assessment and psychosocial behaviors

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?Yes

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

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Comment :

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

Are you nervous, anxious, feel on the edge or often feel stressed?**Yes**

Comment :

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

Comment :

Do you feel afraid that something bad might happen?**Yes**

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

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**

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
Gastroenterologist	Vanessa Patel	"stomach issues", lost 37 lbs, unknown cause
Psychiatrist	Unknown	Bipolar, depression, anxiety

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 : **2**

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If one or more, describe
stomach issues

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: 3 ortho surgeries: 2 humerus bone fx. 1 ankle, t12 fx with car accident about 5 years ago

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

Answer: **More than three times**

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

Answer: **No**

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: **More than 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	Yes
Breast Exam/Mammography	No
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	No
Lipid Panel	Yes

Care management related to diagnoses and symptoms

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Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	Cervical Ca	unknown
Father	Lupus	

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

Answer: More than three times

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

Answer: No

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 gives consent and visit performed virtually . Blanks in document due to limitations of client and/or nature of virtual visit and completed to best of ability. Started the visit with video connection, but there are storms in the area and the connection kept weakening and video would stop working. Able to complete most of assessment, but could not assess, NEuro, musc/skel and clock draw of mini cog d/t poor connections.

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.

Per pt she was diagnosed with Lupus about 12 years ago, but did not receive any kind of treatment. PCM said Lupus screening bloodwork negative. Recently having increased muscle/joint discomfort and swelling. Requested Rheumatology referral for further eval. Waiting for approval to schedule

Recommended they keep routine visits with PCM for continued medical care, treatment, and preventative care-pt agrees