

CONFIDENTIAL INFORMATION

From :

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

To :

Carol Smarth
44084 Riverside Pkwy #300
20176

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

NANCY M WILSON

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

44084 Riverside Pkwy #300

2022-03-11

Carol Smarth

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:

NANCY M WILSON
900044064*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	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
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Patient Assessment Summary

Name : NANCY M WILSON Age : 77
Date of Birth : 1944-05-15 Member ID : 900044064*01
Evaluator Name : undefined Date : undefined
Gender : Female Address : 44860 AUDUBON SQ APT 518,ASHBURN,VA
Lob : Non-DSNP Marital Status : Single
Email : Phno : 571/291-3776,571/291-3776,

Temp		Pulse Oximetry		Pain Scale /10	0
Age	77	Patients Height	5	Patients Weight	174
BMI	31.8				

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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
GLAUCOMA	LATANOPROST	0.005%	E = Eye	HS	OPHTHAMOLOGIST	Taking
DEPRESSION	EFFEXOR	150MG	PO = By Mouth	QD	PCP	Taking
INSOMNIA	LUNESTA	1MG	PO = By Mouth	HS	PCP	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-28	ZYRTEC	10MG	PO = By Mouth	QD
2021-07-28	TYLENOL	650MG	PO = By Mouth	BID
2021-07-28	VITAMIN D3	1000 IU	PO = By Mouth	QD
2021-07-28	CALCIUM	600 MG	PO = By Mouth	BID
2021-07-28	CO-Q10	200MG	PO = By Mouth	QD

Race

Patient Assessment Summary

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Lob	: Non-DSNP	Marital Status	: Single
Email	:	Phno	: 571/291-3776,571/291-3776,

Answer: **Caucasian**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Glaucoma

Secondary to Diabetes**No**

Myopia

Chronic Post Nasal Drip

Depression

Major**Yes**

Supported by : **Chronic use of antidepressant medication beyond 6 months**

Effexor

Insomnia

Osteoarthritis

Which joints**hands, knees**

History Of

Colon Polyps

Describe**Benign**

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

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

Durable Power of Attorney **Yes**

Comment :

Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders **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 : **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
Ophthalmologist		glaucoma
Gastroenterologist	Dr. Robert Lasky	colon polyps

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

Refer patient for a physical therapy evaluation : **4**

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: **No**

- 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: **No**

Have you lost weight in the past 6 months?

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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	Yes
Breast Exam/Mammography	Yes
Cervical Screening	Not Applicable
Bone Density	Yes
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

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	HTN	P.E.
Father	DM, HEART DISEASE	
Sibling1	CLOTTING DISORDER	

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

Answer: **None**

Assessors Comments :

Virtual visit completed. Pt's identity confirmed with name, dob, and address. Pt is a pleasant 77 year old female that lives at home with her spouse. She has a colonoscopy performed every three years due to colon polyps. Pt takes many OTC supplements for health promotion. Pt instructed on keeping her mammogram, immunizations current. Pt states she does not get cervical screenings anymore as she has had a hysterectomy. Pt instructed on infection control measures. Pt verbalized understanding of all instructions