

CONFIDENTIAL INFORMATION

From :

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

To :

PHYSICIAN, MR PRIMARY CARE MD
4417 CORPORATION LANE
23462

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

THELMOND I THOMAS

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

4417 CORPORATION LANE
VIRGINIA BEACH

2022-05-26

PHYSICIAN, MR PRIMARY CARE 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:

THELMOND I THOMAS
900044332*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	: THELMOND I THOMAS	Age	: 55
Date of Birth	: 1965-08-07	Member ID	: 900044332*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 170 INDIAN CIR,WILLIAMSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/604-8081,757/604-8081,

Temp		Pulse Oximetry		Pain Scale /10	6
Age	55	Patients Height	5	Patients Weight	173
BMI	27.9				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	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	Hives, angioedema

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescrib ing Physicia n	Status
Pain	IBUPROFEN	TAB 800MG	PO = By Mouth	PRN	Neurosu rgeon	Taking
GERD	PANTOPRAZOLE	TAB 40MG	PO = By Mouth	QD	PCM	Taking
Hypokalemia	POT CHLORIDE	POW 20MEQ	PO = By Mouth	BID	PCM	Taking
muscle spasm	CYCLOBENZAPR	TAB 10MG	PO = By Mouth	PRN	Neurosu rgeon	Taking
Vit D deficiency	vit D	1 pill	PO = By Mouth	QD	PCM	Taking
Pain	tylenol with codeine	1 pill	PO = By Mouth	PRN	Neurosu rg	Taking

Over the Counter Medications / Supplements

Answer: **No**

Race

Patient Assessment Summary

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Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Cataracts

Secondary to DiabetesNo

GERD

Degenerative Disc Disease

Normal bladder and bowel function Yes

Site of diseaseLumbosacral

Osteoarthritis

Which joints knees and right ankle, back

Vitamin D Deficiency

History Of

Gall Bladder Disease

Kidney Stones

Type

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

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?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.

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 :

Patient Assessment Summary

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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 : **Need Some Help**

Comment: rarely, not normal

E. Dressing : **Need Some Help**

Comment: rarely, not normal

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: Cane

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Other	Neurosurgeon, Dr. McAdam	Hx of 2 back surgeries L5-S1
Other	Ortho	OA and knee pain
Urologist	Urology	HX of kidney stone removal 2 years ago

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: Yes

Describe

Answer: tonsilectomy at age 16, 2 back surgeries 2008 and 2014, wt loss surgery (sleeve) 2017

Patient Assessment Summary

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

Answer: **More than three times**

Comment: **pain in knees or knee weakness**

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: **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	Yes
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	DM, Kidney issues, htn, TB, Lung dz, MI and TIA	unknown
Father	HTN	unknown

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

Answer: **More than three times**

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Comment: pain in knees or knee weakness

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.
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.

Did not inspect or palpate joints, bones and muscles, assess for muscle strength and tone or ROM due to clothing.

Pt listed medications by memory and was unsure of exact doses. Pt unable to perform clock draw for mini cog as she did not have pen and paper, and did not want to leave couch due to knee pain.