

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

No PCP established

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

MYANDA L KELLEY

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

2022-05-26

No PCP established

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:

MYANDA L KELLEY  
900045748\*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	43	Patients Height	5	Patients Weight	142
BMI	24.4				

Your Screenings

# Patient Assessment Summary

Name	: MYANDA L KELLEY	Age	: 43
Date of Birth	: 1978-08-07	Member ID	: 900045748*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 7916 THOMPSON RD APT 6,NORFOLK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/769-2429,757/769-2429

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual, no screenings
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	HUMIRA PEN	INJ 40/0.4ML	Select	Select		Taking
	LISINAPRIL	TAB 2.5MG	Select	Select		Taking
	DOXYCYCL HYC	CAP 100MG	Select	Select		Taking
	FOAMING FACE	LIQ WSH 10%	Select	Select		Taking
	VELPHORO	CHW 500MG	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	MINOCYCLINE	CAP 100MG	Select	Select		Taking
	AMMONIUM LAC	CRE 0.12	Select	Select		Taking
	CLINDAMYCIN	SOL 0.01	Select	Select		Taking
	AURYXIA	TAB 210MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Taking
	CLINDAMYCIN PHOSPHATE		Select	Select		Taking
	DOXYCYCLINE HYCLATE		Select	Select		Taking
	TRIAMCINOLONE ACETONIDE		Select	Select		Taking
	MINOCYCLINE HYDROCHLORIDE		Select	Select		Taking
	CVS FOAMING ACNE FACE WASH		Select	Select		Taking
	AMMONIUM LACTATE		Select	Select		Taking
	HIBICLENS		Select	Select		Taking

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	AURYXIA		Select	Select		Taking
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## Over the Counter Medications / Supplements

Answer:

### Race

Answer: African American

### Preferred language

Answer: English

## Diagnoses under Chronic Care Management

None

## Care management related to self - assessment and psychosocial behaviors

Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog0

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 :

## 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

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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
Nephrologist		ESRD (Dialysis)
Dermatologist		Hidradenitis Suppurativa

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

Comment: Need to find new 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: 2019--ESRD (started on Dialysis)

- 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?

Answer:

## 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.

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Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	No
Cervical Screening	Yes
Bone Density	No
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

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

Answer: **None**

### Assessors Comments :

Annual Health Assessment, responses provided by Member (Myanda).

She has ESRD & has been on dialysis (since 2019). She is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

\*\*Provided counseling for Preventive Health maintenance recommendations

\*\*Virtual visit, therefore some blank responses due to limited assessment info.

\*\*Verification: Name/DOB