

CONFIDENTIAL INFORMATION

From :

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

To :

FAROUGH, ATOUSSA MD
12731 MARBLESTONE DR
22192

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

LORETTA WATSON

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

12731 MARBLESTONE DR
WOODBIDGE

2022-05-26

FAROUGH, ATOUSSA 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:

LORETTA WATSON
900045751*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	185/89 mmHG	Pulse	61	Respiratory Rate	15
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Patient Assessment Summary

Name	: LORETTA WATSON	Age	: 67
Date of Birth	: 1954-07-20	Member ID	: 900045751*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 5161 RACE POINTE PL, WOODBRIDGE, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 240/565-9270, 240/565-9270, 240/565-9270

Temp	97.3	Pulse Oximetry	97	Pain Scale /10	0
Age	67	Patients Height	5	Patients Weight	250
BMI	42.9				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				attempted eye exam x4, member unable to keep eyes looking straight and unable to sit up completely.
HBA1C	Select			DM	
MICROALBUMIN	Select				member is incontinent, uses pads, unable to void in cup
FOBT	Select			screening for fecal occult blood	
DEXA	Select				
PAD	Select				member unable to lay flat, unable to straighten left arm due to hemiplegia
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	SCOPOLAMINE	DIS 1MG/3DAY	Select	Select		Not Taking
DM	NOVOLIN	INJ 70/30	SQ = Subcutaneous	TID		Taking
DM	METFORMIN	TAB 500MG	PO = By Mouth	BID		Taking
HTN	LOSARTAN POT	TAB 100MG	PO = By Mouth	QD		Taking
HLD, CAD	SIMVASTATIN	TAB 40MG	PO = By Mouth	QD		Taking
HTN	ATENOLOL	TAB 100MG	PO = By Mouth	QD		Taking
HTN	TERAZOSIN	CAP 5MG	PO = By Mouth	QD		Taking
HTN	AMLODIPINE	TAB 10MG	PO = By Mouth	QD		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Not Taking

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depression	SERTRALINE	TAB 50MG	PO = By Mouth	QD		Taking
CAD, post CVA	clopidogrel	75 mg	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Answer: No

Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Cataracts

Secondary to DiabetesNo

Difficulty Swallowing

Have you had a strokeYes

Do you eat a special diet : Yes

Soft diet

Other

Otherdysphasia, late effect of stroke

Sleep Apnea

Hyperlipidemia

Is patient on StatinYes

Hypertension

Adequately controlledNo

BP elevated during time of visit 185/89

Ischemic Heart Disease (CAD)

Depression

MajorNO

Stroke

Other

Otherhemiplegia, left side, non-dominant, late effect of stroke

Urinary Incontinence

Related to stressNo

DescribeDaily

Coronary Artery Disease and Diabetes

Is patient on a statinYes

Is patient on an aspirinNo

Diabetes

TypeType 2

Most recent Hb A1C, valueunknown

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And Date **unknown**

Met with a nurse or dietician for diabetic education **No**

Met with a diabetic educator **No**

Hypertension and Diabetes

Is patient on Ace or ARB **Yes**

History Of

Cancer

Type **Ovaries**

Specific type/s **[object Object]**

Stage or Classification specific to the cancer **stage 2 - in remission**

Active treatment **No**

History / Finding of Metastasis **No**

Do you see a specialist? **No**

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 get written information at a doctor's office would you say it is? **Somewhat difficult**

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 : **children, grandchildren**

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 : **discussed importance of AD and where to find resources**

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

Comment :

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy **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 : **Need Total Help**

Comment: member requires full assistance, member lives at home with children, son present during time of visit and assists member with

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all ADLs

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **Need Total Help**

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **Need Total Help**

F. Eating : **No**

G. Walking : **Need Total Help**

How far can you walk : **Non-ambulatory**

H. Going up or down stairs : **Need Total Help**

How many stairs can you climb : **None**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Wheel Chair , Other

Other

Describe

Answer: hospital bed

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Ophthalmologist	Dr Babur Lateef	cataracts, diabetic eye exams
Podiatrist	Dr Douglas Stabile	nail clipping, diabetic foot care

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

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

A. Seen your PCP

Comment: telehealth visits

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: 2013 - CVA

2013 - PEG tube inserted, removed a few months later

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2020 - Ovarian cancer, stage 2, received chemo and Radiation, surgical procedure (unsure of what done exactly)

- 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: 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	No
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	Don't Know
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

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	"hole in heart"	MI - age 43
Father	DM, HTN, HLD	prostate cancer - age 80s
Sibling1	no other health conditions	breast cancer, 40s
Sibling2	breast cancer, stage 1	

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

Answer: None

Assessors Comments :

member pleasant during time of visit. Son and and granddaughter present. Member tolerated visit well. BP elevated during visit, member asymptomatic. Son stated she had just taken her medication prior to the visit and she often has "white coat syndrome." Son states they do have a BP machine at home, educated on importance of monitoring BP and f/u with pcp if BP remains elevated. Member verbalized understanding. Member unable to tolerate eye exam and PAD exam. Member in hospital bed at home, bed bound. Member unable to sit up straight and keep eyes straight. Member unable to lay flat for PAD testing, unable to straighten left arm.