

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MCGAVERN, MEGAN B DO  
12652 JEFFERSON AVE  
NEWPORT NEWS, VA, 23602

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c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

VALE M JOHNSON

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

Dr. MCGAVERN, MEGAN B DO

12652 JEFFERSON AVE

NEWPORT NEWS,VA,23602

2022-02-02

Dear Dr. MCGAVERN, MEGAN B DO,

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:

VALE M JOHNSON

900045888\*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,

Dr. Thomas Lundquist, M.D.

Chief Medical Officer

Optima Health

# Patient Assessment Summary

Name	: VALE M JOHNSON	Age	: 55
Date of Birth	: 1965-08-03	Member ID	: 900045888*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1518 BRIARFIELD RD,HAMPTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 253/282-5975,253/282-5975,

## Your Vital Signs

Blood Pressure	110/82 mmHG	Pulse	78 bpm	Respiratory Rate	16
Temp	97.9	Pulse Oximetry	93	Pain Scale /10	4/10
Age	55	Patients Height	5 feet 4 inch	Patients Weight	230 lbs
BMI	39.5(Moderate Obesity (BMI 35 – 39.9))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	Yes				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: **yes**

Substance	Reaction
bees	anaphylaxis
PCN	anaphylaxis
narcotic- percocet, darvocet, tramadol	rash, mood swings
cortisone injection	swelling

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Alpha 1	SPIRIVA	SPR 2.5MCG	PO = By Mouth	QD		Taking
Alpha 1	PROLASTIN-C	INJ 1000MG	IV = Intravenous	QW		Taking
	BUSPIRONE	TAB 7.5MG	Select	Select		Not Taking
	NYSTATIN	SUS 100000	Select	Select		Not Taking
Alpha 1	ALBUTEROL	AER HFA	PO = By Mouth	PRN		Taking
Alpha 1	SYMBICORT	AER 160-4.5	PO = By Mouth	BID		Taking
Alpha 1	PREDNISONE	TAB 10MG	PO = By Mouth	PRN		Not Taking
Alpha 1	duoneb	neb	PO = By Mouth	BID		Taking

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## Over the Counter Medications / Supplements

Answer: **No**

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### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

#### Difficulty with vision

Legally Blind : **No**

#### Vertigo, Supported By Symptoms

Do you lose your balance : **Yes**

no recent falls

#### Difficulty Chewing

Because of pain : **Yes**

Because you wear partial or complete dentures : **No**

missing/broken

#### Other, Supported By Physical Findings

Other : **Alpha 1 antitrypsin**

#### Other, Supported By History, Test results

Other : **Multiple Sclerosis**

#### Psoriasis, Supported By Symptoms

History of Psoriatic Arthritis : **No**

#### Other, Supported By Symptoms, Physical Findings

Other : **dry skin due to medications**

### History Of

#### Cancer, Supported By Treatments, Surgery

Type : **Pancreas**

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

Stage or Classification specific to the cancer : **[object Object]**

Active treatment : **No**

History / Finding of Metastasis : **No**

Do you see a specialist? : **Yes**

Provider : **[object Object]**

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

### - 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 :

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## - 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**

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: Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist	riverside	
Pulmonologist	riverside	alpha 1 antitrypsin

### - Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **2**

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

B. Visited the Emergency Room : **None**

C. Stayed in the hospital overnight : **None**

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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?

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	
Bone Density	No
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	stroke, alpha 1 antitrypsin deficiency, liver ca	MI
Father	mesothelioma, DM, alpha 1 antitrypsin deficiency	unknown
Sibling1	alpha 1 antitrypsin deficiency	n/a

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

Answer: **None**

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**Assessors Comments :** after confirmation of patient's name and DOB a face to face appointment was performed. Patient was appropriate and answered questions correctly. A fecal occult kit was left and explained to the patient. All questions were answered.