

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HOFFMAN, RICHARD H MD
2500 POCOSHOCK PL
NORTH CHESTERFIELD, VA, 23235

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

CHRIS E DAVIS

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

Dr. HOFFMAN, RICHARD H MD
2500 POCOSHOCK PL
NORTH CHESTERFIELD,VA,23235

2022-02-02

Dear Dr. HOFFMAN, RICHARD H 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:

CHRIS E DAVIS
900046018*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,

A handwritten signature in black ink, appearing to read 'Thomas Lundquist'.

Dr. Thomas Lundquist, M.D.
Chief Medical Officer
Optima Health

Patient Assessment Summary

Name	: CHRIS E DAVIS	Age	: 51
Date of Birth	: 1970-05-16	Member ID	: 900046018*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1017 HIOAKS RD APT 127,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/833-9059,804/833-9059,

Your Vital Signs

Blood Pressure	139/88 mmHG	Pulse	80 bpm	Respiratory Rate	16
Temp	97.7	Pulse Oximetry	99	Pain Scale /10	5
Age	51	Patients Height	5 feet inch	Patients Weight	130 lbs
BMI	25.4(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select			r/o colorectal cancer	already have one just mailed, will work on that one
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
constipation	Fibercom	625 mg	PO = By Mouth	QD	PCP	Taking
GERD	Omeprazole	20 mg	PO = By Mouth	BID	PCP	Taking
Neuropathy	gabapentin	100 mg	PO = By Mouth	BID	PCP	Taking
Neurogenic bladder	Oxybutynin	5 mg	PO = By Mouth	QD	Urologist	Taking
Depression	Duloxetine	60 mg	PO = By Mouth	HS	Psychiatrist	Taking
Depression	Duloxetine	30 mg	PO = By Mouth	QAM	Psychiatrist	Taking
Hyperlipidemia	fenofibrate	145 mg	PO = By Mouth	QD	PCP	Taking
Cardiac prophylaxis	Vascepa	1 g	PO = By Mouth	BID	Cardiologist	Taking
Dietary	Calcium-Vit D	600mg/4000	PO = By Mouth	BID	PCP	Taking

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supplement		iu				
Depression	quetiapine	50 mg	PO = By Mouth	HS	Psychiatrist	Taking
palpitation, tachycardia	METOPROL TAR	TAB 50MG	PO = By Mouth	BID	Cardiologist	Taking
Depression	BUPROPION	TA150 mg	PO = By Mouth	QD	Psychiatrist	Taking
Depression	Aripiprazole	5 mg	PO = By Mouth	QD	Psychiatrist	Taking
Muscle spasm	Baclofen	5 mg	PO = By Mouth	HS	PCP	Taking
Bronchitis	Montelukast	10 mg	PO = By Mouth	QD	PCP	Taking
Muscle spasm	Diclofenac	75 mg	PO = By Mouth	PRN	PCP	Taking
GU prophylaxis	TRIMETHOPRIM	100 mg	PO = By Mouth	QD	Urologist	Taking

Over the Counter Medications / Supplements

Answer: No

- Race

Answer: Caucasian

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : No

Other, Supported By Medications

Other : intermittent bronchitis

Abnormal Cardiac Rhythm, Supported By Use of rate controlling drug

Describe : Tachycardia

palpitation

GERD, Supported By Medications

Other, Supported By Physical Findings

Other : Spina Bifida

Other, Supported By Physical Findings

Other : Neurogenic bladder, with suprapubic catheter

Other, Supported By Symptoms

Other : left shoulder impingement

History Of

Other, Supported By Symptoms

Other : allergic rhinitis

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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

Who do you currently live with? : **Alone**

Comment :

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 ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **Need Some Help**

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

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

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **No**

G. Walking : **Need Total Help**

Comment: wheelchair bound

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

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

Answer: Wheel Chair

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Urologist		neurogenic bladder, suprapubic catheter
Cardiologist	palpitation, tachycardia	
Podiatrist		depression

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

Refer patient for a physical therapy evaluation : 3

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: Broken leg , systemic infection, VP shunt insertion and subsequent need for replacement

- 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	Yes
Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable

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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
Father	hypertension	MI
Mother		colon cancer
Sibling1	MI	living

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

Answer: None

Assessors Comments :

Face to face assessment done. Patient with no respiratory issues. Has suprapubic catheter that is changed q 3 weeks and was changed last Friday. He is in transition with a new therapist as he does not want virtual but wants to transition to a face to face therapy. Awaiting availability of therapist that will be able to provide this service.

Educated on importance and value of getting immunized and timely performance of recommended screening