

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. JENNIFER POTTS  
7401 Granby St  
Norfolk, VA, 23505

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

JESSE L LANKFORD

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

Dr. JENNIFER POTTS  
7401 Granby St  
Norfolk, VA, 23505

2022-02-02

Dear Dr. JENNIFER POTTS,

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:

JESSE L LANKFORD  
900046137\*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	: JESSE L LANKFORD	Age	: 67
Date of Birth	: 1954-04-15	Member ID	: 900046137*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1801 ST DENIS AVE APT 2,NORFOLK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/773-4068,757/773-4068, 757/816-5759

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	18
Temp		Pulse Oximetry		Pain Scale /10	0/10
Age	67	Patients Height	5 feet 9 inch	Patients Weight	166 lbs
BMI	24.5(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				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

Comment : PORK

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PANOXYL WASH	LIQ 0.1	Select	Select		Not Taking
	ATORVASTATIN	TAB 20MG	PO = By Mouth	Select	PCP	Not Taking
	LOSARTAN POT	TAB 50MG	PO = By Mouth	Select	PCP	Not Taking
	AMITIZA	CAP 24MCG	Select	Select	PCP	Not Taking
	BENZOYL PER	LIQ 10% WASH	Select	Select	PCP	Not Taking
	PREDNISONE	TAB 20MG	Select	Select	PCP	Not Taking
BRONCHITIS	ANORO	62.5/25MG	PO = By Mouth	AC	PCP	Taking

## Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
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2021-07-09	BISACODYL	5 MG	PO = By Mouth	1 PO DAILY
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## - Race

Answer: **African American**

## - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

#### Other, Supported By Medications

Other : **CHRONIC BRONCHITIS**

#### Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

NON-COMPLIANT AND NEED PCP VISIT FOR EDUCATION AND ADHERENCE - NOT TAKING RX MEDS FOR LAST 7 MONTHS

#### Hypertension, Supported By Medications

Adequately controlled : **UnKnown**

NON-COMPLIANT AND NEED PCP VISIT FOR EDUCATION AND ADHERENCE - NOT TAKING RX MEDS FOR LAST 7 MONTHS

#### Other, Supported By Medications

Other : **OTC MED AS ABOVE**

#### Dementia, Supported By Behavioral changes

Type of Dementia : **Vascular**

Supported by : **History of strokes**

PER MEMBER HAD STROKE WITHOUT MOTOR OR NEUROLOGIC DEFICIT

#### BPH, Supported By Symptoms

#### Urticarial Disease, Supported By Symptoms

Type : **Chronic**

Etiology : **UNKNOWN - MEMBER SAYS, NOTHING IS WORKING**

### History Of

#### Inflammatory Bowel Disease, Supported By Other

Describe : **Other**

MEMBER WAS NOT ABLE TO SPECIFY

On a specific diet : **No**

#### Anemia, Supported By Lab tests

Etiology : **Other**

Describe : **undefined**

If yes, Patient on : **Other**

Describe : **undefined**

#### Cancer, Supported By Treatments

Type : **Bladder**

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**

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Provider : [object Object]

## 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 current living conditions.

Where do you currently live? : **Other**

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 and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : 1/2 a pack

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 : EDUCATION PROVIDED TO DISCUSS WITH PCP

## 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 : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

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

Comment: USES SIDERAILS

How many stairs can you climb : **More than ten**

## 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
Oncologist	ONCOLOGY	BLADDER CANCER
Dermatologist	DERM	urticaria
Neurologist	NEUROLOGIST	WILL SEE FOR DEMENTIA

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

Refer patient for a physical therapy evaluation : **5 or more**

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: **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	Yes
Breast Exam/Mammography	Not Applicable

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Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Yes
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
Father	NONE	GUNSHOT INJURY
Mother	HTN	HTN PER MEMBER

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

Answer: None

### Assessors Comments :

MEMBER IDENTIFIED BY DOB/ADDRESS/INS CARD. PREVENTIVE EDUCATION COMPLETED AND ASK TO FOLLOW UP WITH PCP. MEMBER AND WIFE UNHAPPY WITH CURRENT CONTINUATION CARE AND MAY BENEFIT FROM A CASE MANAGER. NON-ADHERING TO MED MANAGEMENT AND NEED TO FOLLOW UP WITH PCP. MEMBER DO NOT APPRECIATE MANY DIAGNOSIS AND WILL BENEFIT FROM CASE MANAGER OR CARE MANAGER. PREVENTIVE CARE AND VACCINATION DISCUSSED.