

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. WASHINGTON, KAREN MD  
15425-H WARWICK BLVD  
NEWPORT NEWS, VA, 23607

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c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

SHERRI CHRISTIAN

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

Dr. WASHINGTON, KAREN MD

15425-H WARWICK BLVD

NEWPORT NEWS,VA,23607

2022-02-02

Dear Dr. WASHINGTON, KAREN 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:

SHERRI CHRISTIAN

900046539\*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	: SHERRI CHRISTIAN	Age	: 48
Date of Birth	: 1973-07-08	Member ID	: 900046539*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 540 PINELAND CIR APT 301,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/903-3129,757/903-3129,

## Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	48	Patients Height	5 feet 7 inch	Patients Weight	318 lbs
BMI	49.8(Morbid Obesity (BMI = or > 40))				

## 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: **yes**

Substance	Reaction
sulfa	RASH
PCN	RASH

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
migraine	TOPIRAMATE	TAB 50MG	PO = By Mouth	PRN	pcp	Taking
HIV	BIKTARVY	TAB	PO = By Mouth	QD	Dr. Assefa	Taking
MUSCLE SPASMS	TIZANIDINE	TAB 2MG	PO = By Mouth	PRN	pcp	Taking
SLEEP	AMITRIPTYLIN	TAB 50MG	PO = By Mouth	HS	pcp	Taking
Pain	Ibuprofen	800MG	PO = By Mouth	PRN	pcp	Taking

## Over the Counter Medications / Supplements

Answer: **No**

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## - Race

Answer: **African American**

## - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Hepatitis, Supported By Lab studies

Type : **C**

Describe : **Chronic**

Cirrhosis : **No**

Hepatocellular Carcinoma : **No**

Migraine Headaches, Supported By History, Symptoms, Medications

Peripheral Neuropathy, Supported By Physical findings

Secondary to Diabetes : **No**

Diabetes, Supported By Lab tests

Type : **Type 2**

Most recent Hb A1C, value : **6.3**

And Date : **UNKNOWN**

Met with a nurse or dietician for diabetic education : **Yes**

Met with a diabetic educator : **Yes**

Treatment includes : **Exercise**

Meets with a nutritionist every 2 weeks. Controls diabetes with diet, exercise, and weight loss

HIV, Supported By Lab tests, Medications

Viral load : **unknown**

C4 : **unknown**

Patient currently symptomatic : **No**

Is patient currently under active treatment : **Yes**

Biktarvy

## 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

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 :

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- Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication? : **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 :

- 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 worry too much about different things? : **Yes**

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 : **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: Cane

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Infectious Disease Specialist	Dr. Daniel Assefa	HIV

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Neurologist		Neuropathy in legs
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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: No

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

Answer: Once

**Do you worry about falling or feeling unsteady when standing or walking**

Answer: Yes

**Worries about falling or feeling unsteady when standing or walking?**

Answer: Yes

**Did you have a fracture in past 6 months?**

Answer: No

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: More than 15lbs

Comment: Diet and exercise

## 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	Yes
Cervical Screening	Yes
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

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## Care management related to diagnoses and symptoms

### Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	renal failure, dm	
Mother	seizure disorder	

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

Answer: Once

### Do you worry about falling or feeling unsteady when standing or walking

Answer: Yes

### Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

### Did you have a fracture in past 6 months?

Answer: No

### Assessors Comments :

Virtual visit completed. Pt's identity confirmed with name, dob, and address. Pt is a f48 year old female that lives alone.. Pt's mother lives nearby and is a good support system for patient. Pt instructed on smoking cessation. Pt instructed to keep mammogram and colonoscopy up to date. Pt instructed to keep immunizations up to date. Pt instructed due to HIV diagnosis as well as chronic Hepatitis C she is immunocompromised and to practice infection control precautions: keep hands washed, wear a mask when leaving the home, stay out of crowds and away from sick people. Pt verbalized understanding of all instructions. Pt encouraged to continue to keep appointments with nutritionist, exercise, lose weight, check BS daily.