

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. DUMLAO-UMAYAM, JANUARY MD
6355 WALKER LANE SUITE 500
ALEXANDRIA, VA, 22310

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

MICHELLE C BEARTH

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

Dr. DUMLAO-UMAYAM, JANUARY MD
6355 WALKER LANE SUITE 500
ALEXANDRIA,VA,22310

2022-02-02

Dear Dr. DUMLAO-UMAYAM, JANUARY 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:

MICHELLE C BEARTH
900046579*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	: MICHELLE C BEARTH	Age	: 50
Date of Birth	: 1971-03-28	Member ID	: 900046579*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 6417 ROSE HILL DR C/O DANIEL BEARTH,ALEXANDRIA,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 703/971-4357,703/971-4357,

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	50	Patients Height	5 feet inch	Patients Weight	150 lbs
BMI	29.3(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: **yes**

Substance	Reaction
PCN	ANA

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
GLAUCOMA	DorzolamidTimolole	2%/0.5%	E = Eye	BID	DR. SHAH	Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-28	MVI		PO = By Mouth	QD

- Race

Answer: **Caucasian**

- Preferred language

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Answer: **English**

Diagnoses under Chronic Care Management

Active

Glaucoma, Supported By History, Medications

Secondary to Diabetes : **No**

Others, Supported By History, Physical Findings

Other : Patient has a right prosthetic eye. Parents state pt can become aggressive and will bang her head against the wall and states this caused an eye injury that caused her to lose her eye.

Difficulty Swallowing

Have you had a stroke : **No**

Intellectual and or Developmental Disability, Supported By Symptoms, Physical Findings, Image studies

Describe :

Restless leg syndrome, Supported By Symptoms

Urinary Incontinence, Supported By History, Symptoms

Related to stress : **No**

Describe : **Daily**

History Of

Seizure Disorder, Supported By History of recurrent seizures, Medications

Traumatic Brain Injury, Supported By Hospitalization, Image studies

Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : **0**

Comment :

- 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.

How much school have you completed? : **Less than 3rd grade**

Comment :

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

Comment :

When you read the instructions on a prescription bottle would you say that it is? : **Very difficult**

Comment :

How confident are you in filling out medical forms by yourself? : **Not at All Confident**

Comment :

- 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? : **Often**

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 the need for a Healthcare Proxy.

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Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : **Yes**

Comment :

- Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders : **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**

Refer patient for a physical therapy evaluation related to ADLs

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 : **Need Total Help**

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

Comment: sleep safe bed, shower chair

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Ophthalmologist	Dr. Shah	glaucoma

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

Refer patient for a physical therapy evaluation related to ADLs

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

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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: **hypothermia**

- 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: **Yes**

Comment: Patient was physically abused by her dad when she was a baby. Pt was hit, left alone, and thrown against the wall

-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	No
Cervical Screening	No
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	breast cancer	

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

Answer: **None**

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Assessors Comments :

Virtual visit completed. Pt's identity confirmed with name, dob, address, and parents present. Pt is a 50 year old female that lives at home with her parents. Pt has had a TBI when she was a baby resulting in Intellectual disabilities. Pt's mom states pt was also diagnosed with Autism when pt was 18 months old. Pt is dependent for all ADL's. Pt was advised by PCP to have a colonoscopy, mammogram, and pap as pt has never had any of these. Step-dad reports pt was seen by GI and a blood test was done which was negative for colon cancer and they are not following up with him. Pt is easily agitated and does not like to be touched and they are reluctant to put pt through the mammogram and pap. Pt has never been sexually active and still has her menses. Mom has breast cancer. Provider instructed mother that when they shower pt to feel for any abnormal lumps at that time. Mom also instructed to discuss with PCP if a breast Ultrasound could be scheduled as pt would probably tolerate this better. Mom instructed to keep appt with GYN to discuss if pt really needs a PAP. Pt has s/s of RLS and mom will call the doctor to enquire on medication for this. Parents verbalize understanding of all instructions. Provider to send a referral form to Focus Cares for PT/OT Eval