

CONFIDENTIAL INFORMATION

From :

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

To :

WELLS, JANELLE M MD
664 LINCOLN ST
23704

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



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

DEXTER L HENDERSON JR

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

664 LINCOLN ST
PORTSMOUTH

2022-07-28

WELLS, JANELLE M 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:

DEXTER L HENDERSON JR
900046627*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,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
----------------	--	-------	-----	------------------	--

Patient Assessment Summary

Name	: DEXTER L HENDERSON JR	Age	: 66
Date of Birth	: 1956-02-24	Member ID	: 900046627*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 603 KENT DR,PORTSMOUTH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/399-8344,757/399-8344,

Temp		Pulse Oximetry		Pain Scale /10	
Age	66	Patients Height		Patients Weight	
BMI					

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:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	CETIRIZINE	TAB 10MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	FEXOFENADINE	TAB 180MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	RISPERIDONE	TAB 2MG	Select	Select		Taking
	DONEPEZIL	TAB 10MG	Select	Select		Taking
	DONEPEZIL HCL		Select	Select		Taking
	TAMSULOSIN HYDROCHLORIDE		Select	Select		Taking
	ATORVASTATIN CALCIUM		Select	Select		Taking
	FEXOFENADINE HYDROCHLORIDE		Select	Select		Taking
	CETIRIZINE HYDROCHLORIDE		Select	Select		Taking
	MONTELUKAST SODIUM		Select	Select		Taking

Patient Assessment Summary

Name	: DEXTER L HENDERSON JR	Age	: 66
Date of Birth	: 1956-02-24	Member ID	: 900046627*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 603 KENT DR,PORTSMOUTH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/399-8344,757/399-8344,

Over the Counter Medications / Supplements

Answer:

Race

Answer: Other

Describe

Answer: No Ethnicity

Preferred language

Answer:

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

None

Care management related to patient's activity levels

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

Care management related to past medical history

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

Answer:

Are you currently seeing any specialists?

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

Have you ever been hospitalized prior to the last 12 months?

Answer:

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

Answer:

Social service referral to evaluate history of potential abuse

Patient Assessment Summary

Name	: DEXTER L HENDERSON JR	Age	: 66
Date of Birth	: 1956-02-24	Member ID	: 900046627*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 603 KENT DR,PORTSMOUTH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/399-8344,757/399-8344,

- Have you ever physically or felt emotionally abused by someone

Answer:

Have you lost weight in the past 6 months?

Answer:

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	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :