

CONFIDENTIAL INFORMATION

From :

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

To :

TERRY VALOW, NP

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

CAROL A BLEVINS

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

DAMASCUS

2022-05-26

TERRY VALOW, NP

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:

CAROL A BLEVINS
900046832*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	
Temp		Pulse Oximetry		Pain Scale /10	3
Age	51	Patients Height	4	Patients Weight	200
BMI	41.8				

Your Screenings

Patient Assessment Summary

Name	: CAROL A BLEVINS	Age	: 51
Date of Birth	: 1969-08-22	Member ID	: 900046832*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 6103 WHITETOP RD, TROUTDALE, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 276/388-3592, 276/388-3592,

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	No				assessment completed virtually
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
BLEACH	CODEINE
SULFA	ANAPHYLAXIS
LATEX	DERMATITIS
CODEINE	HIVES
ENVIRONMENTAL	RHINITIS

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	QUETIAPINE	TAB 100MG	PO = By Mouth	HS		Taking
allergies	MONTELUKAST	TAB 10MG	PO = By Mouth	QD		Taking
MS	GILENYA	CAP 0.5MG	PO = By Mouth	QD		Taking
anxiety	BUSPIRONE	TAB 15MG	PO = By Mouth	TID		Taking
spasms	BACLOFEN	TAB 20MG	PO = By Mouth	TID		Taking
memory	DONEPEZIL	TAB 5MG	PO = By Mouth	QD		Taking
pain	TIZANIDINE	TAB 2MG	PO = By Mouth	PRN		Taking
RLS	PRAMIPEXOLE	TAB 1MG	PO = By Mouth	BID		Taking
pain	FENTANYL	DIS 50MCG/HR	T = Topical	QW		Taking
allergies	LEVOCETIRIZI	TAB 5MG	PO = By Mouth	QD		Taking
anxiety	HYDROXYZ PAM	CAP 50MG	PO = By Mouth	PRN		Taking
pain	MELOXICAM	TAB 7.5MG	PO = By Mouth	QD		Taking
hypertension	FUROSEMIDE	TAB 40MG	PO = By Mouth	QD		Taking
cholesterol	FENOFIBRATE	TAB 54MG	PO = By Mouth	QD		Taking
hypertension	LISINOPRIL	TAB 40MG	PO = By Mouth	QD		Taking

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depression	TRINTELLIX	10MG	PO = By Mouth	QD		Taking
gerd	DEXILANT	20MG	PO = By Mouth	QD		Taking
eczema	Hydrocortisone	0.1%	T = Topical	HS		Taking

Over the Counter Medications / Supplements

Answer: No

Race

Answer: Caucasian

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Cataracts

Secondary to DiabetesNo

Other

DescribeRHINITIS

OtherENVIRONMENTAL ALLERGIES

COPD

Has patient been told they have Chronic BronchitisNo

Has patient been told they have EmphysemaNo

Is patient on BronchodilatorNo

Is patient on SteroidsNo

Does patient have current exacerbationNo

Hyperlipidemia

Is patient on StatinNo

Hypertension

Adequately controlledYes

GERD

Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Generalized Anxiety Disorder

Multiple Sclerosis

Other

OtherBack pain and spasms related to MS

Eczema

Care management related to self - assessment and psychosocial behaviors

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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

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 feel afraid that something bad might happen?**Yes**

Comment :

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy **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 : **Need Some Help**

How far can you walk : **Less than one block**

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

How many stairs can you climb : **Three to five**

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: Other

Other

Describe

Answer: HOLD ON TO THINGS SOMETIMES, USED A CANE IN THE PAST

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Neurologist		MS

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : 2

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	No
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	Yes

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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	UNKNOWN	PASSED IN 2018
Mother	HTN, THYROID	NA

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

Answer: None

Assessors Comments :

assessment completed virtually, identity verified via name and DOB. NP could not update active conditions list. Patient reports that she has never had spastic hemiplegia