

CONFIDENTIAL INFORMATION

From :

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

To :

RIVAS, JUAN MD
8380 BOYDTON PLANK RD
23821

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

ROXIE A TAYLOR

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

8380 BOYDTON PLANK RD
ALBERTA

2022-03-21

RIVAS, JUAN 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:

ROXIE A TAYLOR
900047172*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	
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Patient Assessment Summary

Name : ROXIE A TAYLOR Age : 70
Date of Birth : 1951-08-26 Member ID : 900047172*01
Evaluator Name : undefined Date : undefined
Gender : Female Address : 300 UNION APT E6,LAWRENCEVILLE,VA
Lob : DSNP Marital Status : Single
Email : Phno : 434/637-5257,434/637-5257,

Temp		Pulse Oximetry		Pain Scale /10	
Age	70	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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	ALLOPURINOL	TAB 300MG	Select	Select		Taking
	LOSARTAN/HCT	TAB 100-25	Select	Select		Taking
	DEXILANT	CAP 60MG DR	Select	Select		Taking
	LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE		Select	Select		Taking
	NYSTATIN		Select	Select		Taking
	METOPROLOL SUCCINATE ER		Select	Select		Taking
	CHLORHEXIDINE GLUCONATE		Select	Select		Taking
	METFORMIN HYDROCHLORIDE		Select	Select		Taking

Over the Counter Medications / Supplements

Answer: No

Patient Assessment Summary

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Email	:	Phno	: 434/637-5257,434/637-5257,

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

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.

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

Comment :

Social service referral to further assess current living conditions.

Where do you currently live?**Nursing Home**

Comment :

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 :

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 :

Do you feel afraid that something bad might happen?**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 : **Need Some Help**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

Patient Assessment Summary

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F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk

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

How many stairs can you climb : **Six to 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
Allergist / Immunologist	hgyh	tyjtyjui
Psychologist	kiuk	uyiui

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

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:

- 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:

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
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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

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	gtg	gthuy
Mother	htyu	thtu

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

Answer: None

Assessors Comments :