

CONFIDENTIAL INFORMATION

From :

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

To :

LAFFOND, WILLIAM T MD
140 STONERIDGE DRIVE SOUTH SUITE 10
22968

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

SHIRLEY R LEE

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

140 STONERIDGE DRIVE SOUTH SUITE 10
RUCKERSVILLE

2022-03-12

LAFFOND, WILLIAM T 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:

SHIRLEY R LEE
900047348*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	: SHIRLEY R LEE	Age	: 65
Date of Birth	: 1956-06-08	Member ID	: 900047348*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 105 RYAN CIRCLE APT P,SHIPMAN,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/263-5483,

Temp		Pulse Oximetry		Pain Scale /10	
Age	65	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	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	Prescrib ing Physicia n	Status
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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

Patient Assessment Summary

Name	: SHIRLEY R LEE	Age	: 65
Date of Birth	: 1956-06-08	Member ID	: 900047348*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 105 RYAN CIRCLE APT P,SHIPMAN,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/263-5483,

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?**Somewhat difficult**

Comment :

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

- 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	

Patient Assessment Summary

Name : SHIRLEY R LEE

Date of Birth : 1956-06-08

Evaluator Name : undefined

Gender : Female

Lob : DSNP

Email :

Age : 65

Member ID : 900047348*01

Date : undefined

Address : 105 RYAN CIRCLE APT P,SHIPMAN,VA

Marital Status : Single

Phno : 434/263-5483,

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 :