

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. PARIKH, NIPUN O MD
1627 SEYMOUR DRIVE
SOUTH BOSTON, VA, 24592

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

TERRELL L JENNINGS

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

Dr. PARIKH, NIPUN O MD
1627 SEYMOUR DRIVE
SOUTH BOSTON,VA,24592

2022-02-05

Dear Dr. PARIKH, NIPUN O 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:

TERRELL L JENNINGS
900047634*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 "Dr. Thomas Lundquist".

Dr. Thomas Lundquist, M.D.
Chief Medical Officer
Optima Health

Patient Assessment Summary

Name : TERRELL L JENNINGS
Date of Birth : 1991-07-01
Evaluator Name : undefined
Gender : Male
Lob : DSNP
Email :

Age : 30
Member ID : 900047634*01
Date : undefined
Address : 1613 ELLIOTT AVE,SOUTH BOSTON,VA
Marital Status : Single
Phno : 434/222-0438,434/222-0438,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	30	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

Over the Counter Medications / Supplements

Answer:

- Race

Answer: Other

Describe

Answer: No Ethnicity

- Preferred language

Answer:

Diagnoses under Chronic Care Management

None

Patient Assessment Summary

Name	: TERRELL L JENNINGS	Age	: 30
Date of Birth	: 1991-07-01	Member ID	: 900047634*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1613 ELLIOTT AVE,SOUTH BOSTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/222-0438,434/222-0438,

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.

How confident are you in filling out medical forms by yourself? : **Not Very 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 :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : 1 pack

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:

Patient Assessment Summary

Name	: TERRELL L JENNINGS	Age	: 30
Date of Birth	: 1991-07-01	Member ID	: 900047634*01
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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 : fsfdf
dhfdsf
ds