

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MASON, JESSICA A MD  
7185 HARBOUR TOWNE PKWY SUITE 206  
SUFFOLK, VA, 23435

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

SHEILA T WALLACE

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

Dr. MASON, JESSICA A MD  
7185 HARBOUR TOWNE PKWY SUITE 206  
SUFFOLK,VA,23435

2022-02-02

Dear Dr. MASON, JESSICA A 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:

SHEILA T WALLACE  
900047726\*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,

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

# Patient Assessment Summary

Name	: SHEILA T WALLACE	Age	: 44
Date of Birth	: 1976-10-10	Member ID	: 900047726*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 221 ARMSTONG ST UNIT 2,PORTSMOUTH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 757/949-6898,757/949-6898,

## Your Vital Signs

Blood Pressure	132/78 mmHG	Pulse		Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	8
Age	44	Patients Height	5 feet 5 inch	Patients Weight	215 lbs
BMI	35.8(Moderate Obesity (BMI 35 – 39.9))				

## 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: **yes**

Substance	Reaction
PCN	swelling

## Your Medications

Comment : Advair route is inhaled and is not available choice

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
hyperlipidemia	EZETIMIBE	10mg	PO = By Mouth	BID	Dr. Mason	Taking
gerd	PANTOPRAZOLE SODIUM	40mg	PO = By Mouth	QD	Dr. Mason	Taking
hyperlipidemia	COLESTIPOL HCL	1 gram	PO = By Mouth	QD	Dr. Andrews	Taking
supplement for RA	FOLIC ACID	1mg	PO = By Mouth	QD	Dr. Mason	Taking
hyperlipidemia	atorvastatin	40mg	PO = By Mouth	QD	Dr. Mason	Taking
sarcoidosis	Prednisone	10mg	PO = By Mouth	QD	Dr. Patel	Taking
migraine	Topamax	50mg	PO = By Mouth	BID	Dr. Mason	Taking

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supplement for RA	LEUcovorin Calcium	5mg	PO = By Mouth	QD	Dr. Mason	Taking
fibromyalgia	Cymbalta	60mg	PO = By Mouth	BID	Dr. Riddle	Taking
RA	Plaquenil	200mg	PO = By Mouth	QD	Dr. Olaski	Taking
sarcoidosis	Select	250-50mcg	Select	BID	Dr. Patel	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-07	Tylenol	325	PO = By Mouth	PRN

### - Race

Answer: **African American**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Difficulty with Hearing

Sarcoidosis, Supported By X-ray

Hyperlipidemia, Supported By Lab results

Is patient on Statin : **Yes**

GERD, Supported By Medications

Ulcer Disease, Supported By Medications

Describe : **Gastric**

Positive culture for Helicobacter Pylori : **No**

Fibromyalgia, Supported By History

Generalized Anxiety Disorder, Supported By Symptoms

Migraine Headaches, Supported By Medications

Peripheral Neuropathy, Supported By EMG / Nerve Conduction studies

Secondary to Diabetes : **No**

Seizure Disorder, Supported By History of recurrent seizures, Medications

Rheumatoid Arthritis, Supported By Symptoms, Lab tests

Which joints : **all**

Other, Supported By Symptoms

Other : **intermittant rash related to sarco**

Diabetes, Supported By Lab tests

Type : **Type 2**

Most recent Hb A1C, value : **unsure of last result**

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And Date : 2 months

Met with a nurse or dietician for diabetic education : No

Met with a diabetic educator : No

Lymphoma, Supported By Lab tests

Type : unsure

History Of

Degenerative Disc Disease, Supported By Image studies

Normal bladder and bowel function : Yes

Site of disease : Lumbar

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## Care management related to self - assessment and psychosocial behaviors

- 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? : Sometimes

Comment :

- Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? : No

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : No

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 :

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## Care management related to patient's activity levels

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

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 : No

H. Going up or down stairs : No

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## 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
Pulmonologist	Dr. Patel	sarcoidosis
Neurologist	Dr Babbe	migraine
Hematologist	unsure name	lymphoma
Dermatologist	unsure name	sarcoidosis
Other	Dr. Olaski	rheumatologist- RA
Gastroenterologist	Dr Andrews	gerd

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

Refer patient for a physical therapy evaluation : 3

A. Seen your PCP

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: Three times

Do you worry about falling or feeling unsteady when standing or walking

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

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

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

## Care management related to diagnoses and symptoms

### Family History

Answer: No

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

Answer: Three times

Do you worry about falling or feeling unsteady when standing or walking

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

### Assessors Comments :

Identity verified with name and date of birth.  
Some areas left blank due to nature of virtual visit.  
Patient participated with visit.