

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. John Gorbeaux
2500 POCOSHOCK PL
RICHMOND, VA, 23235

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

ROBERT L TRENT JR

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

Dr. John Gorbeaux
2500 POCOSHOCK PL
RICHMOND,VA,23235

2022-02-02

Dear Dr. John Gorbeaux,

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:

ROBERT L TRENT JR
900047993*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	: ROBERT L TRENT JR	Age	: 66
Date of Birth	: 1954-11-05	Member ID	: 900047993*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 3914 CHIPPENDALE DR,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 631/905-2894,631/905-2894, 631/905-2894

Your Vital Signs

Blood Pressure	120/80 mmHG	Pulse	80 bpm	Respiratory Rate	18
Temp	98.1	Pulse Oximetry	97	Pain Scale /10	0
Age	66	Patients Height	5 feet 8 inch	Patients Weight	190 lbs
BMI	28.9(Obesity (BMI 30 – 34.9))				

Comment: limited PE done for time conservation; below figures are estimated

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-07-26	L: No visually significant pathology, R: No visually significant pathology		images sent
HBA1C	Yes	2021-07-26			
MICROALBUMIN	Member Refused				
FOBT	Member Refused				
DEXA	Select				
PAD	Member Refused				
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
pruritis	Hydroxyzine HCL	25mg	PO = By Mouth	PRN	Tasie MD	Taking
htn	norvasc	10mg	PO = By Mouth	QD	Tasie	Taking
insomnia	trazadone	100mg	PO = By Mouth	HS	Soper	Taking
gerd	Omeprazole	20mg	PO = By Mouth	QD	Tasie	Taking
constipation	colace	100mg	PO = By Mouth	PRN	Tasie	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
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2021-07-26	ASA	81m	PO = By Mouth	daily - preventative
2021-07-26	Vitamin d	2,000IU	PO = By Mouth	daily - supplement

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Hypertension, Supported By Medications

Adequately controlled : **Yes**

GERD, Supported By Medications

Insomnia, Supported By Medication

Other, Supported By History, Symptoms, Medications

Other : **pruritis of unknown origin**

Vitamin D Deficiency, Supported By Medications

Care management related to self - assessment and psychosocial behaviors

- Social service referral to further assess current living conditions.

Where do you currently live? : **Other**

Comment :

- 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 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 :

- Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Currently a caregiver for someone : **Yes**

Comment :

Care management related to patient's activity levels

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- 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 : **No**

H. Going up or down stairs : **No**

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: **No**

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

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 : **2**

If one or more, describe

finger lac, covid-19

C. Stayed in the hospital overnight : **1**

If one or more, describe

covid-19 hospitalization in August 2020

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**

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-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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Yes
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: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	dementia, HTN	alive
Father	T2DM, CAD	deceased 1998

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

Answer: **None**

Assessors Comments :

66yo male member doing well. He had 2 appointments booked at essentially the same time; therefore he wanted an abbreviated F2F. He voices no complaints about his insurance. He is physically active doing 300 pushups every morning and stay busy caretaking for his mom - lifting, pushing, etc. He has a significant other that lives with him as well. Preventative care discussed. His VS were stable. Height/weight estimated after visit.