



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

THERESA L HOPKINS
1846 E LITTLE CREEK ROAD APT 17
NORFOLK, VA, 23518-9998

03-07-2023

Dear THERESA,

Thank you for having your in-home health visit offered to you by Focus Care and Optima Medicare.

At Optima Medicare, we want you to have the information needed to take care of your health needs. Your in-home health visit with Focus Care was the first step toward healthy living.

We created the enclosed Personal Health Summary to help you understand your overall health. This summary also recommends vaccinations, screenings, and health tests that you may want to discuss with your primary care provider (PCP).

This summary is confidential and does not affect your healthcare coverage in any way. Please contact Optima Medicare before you schedule any health test to make sure it is covered by your benefits.

We encourage you to share your Personal Health Summary with your family and to discuss it with your PCP. If you have questions about this document or any of the services that Focus Care offers, please call 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 "Jay Schukman".

Jay Schukman, M.D.
Chief Medical Officer

Patient Assessment Summary

Name	: THERESA L HOPKINS	Age	: 66
Date of Birth	: 1955-12-26	Member ID	: 900041739*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-12-5 12:20 PM
Gender	: Female	Address	: 1846 E LITTLE CREEK ROAD APT 17,NORFOLK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 757/971-2807,
Primary Language	:	Race	: No Ethnicity

Vital Signs

Blood Pressure	90/120 mmHG	Pulse	112 bpm	Respiratory Rate	115
Temp	45	Pulse Oximetry	112	Pain Scale /10	9
Age	66	Patients Height	5 feet 5 inch	Patients Weight	89 lbs
BMI	14.8 (Obesity)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	NOVOLOG FLEXPEN	INJ FLEXPEN	SQ = Subcutaneous	PC		
	LANTUS SOLOSTAR	INJ 100/ML	M = Intramuscular	TID		
	UREA	CRE 0.4	M = Intramuscular	QW		
	INSULIN ASPART FLEXPEN	INJ FLEXPEN	R = Rectal	QW		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assistive Devices and DME

None

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	WELLS, JANELLE M MD	

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Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 0

Preventative Follow up needed

Screenings

None

Social

None

Disease Management

None

Assessor Comments	
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