



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

SANDRA A SMITH  
1131 B MONTGOMERY AVE APT 224  
STAUNTON, VA, 24401-9998

12-02-2022

Dear SANDRA,

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	: SANDRA A SMITH	Age	: 75
Date of Birth	: 1947-11-22	Member ID	: 900043030*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-10-19 12:47 PM
Gender	: Female	Address	: 1131 B MONTGOMERY AVE APT 224,STAUNTON,VA
Lob	: DSNP	Marital Status	: Separated
Email	:	Phone	: 540/241-7796,
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	75	Patients Height		Patients Weight	
BMI	(Malnutrition)				

## Allergies

Substance	Reaction

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Diabetes 2	NOVOLOG	INJ 100/ML	Select	Select		Taking
	CALCITRIOL	CAP 0.25MCG	Select	Select		
	LANTUS	INJ 100/ML	Select	Select		
	LOSARTAN POTASSIUM	TAB 25MG	Select	Select		
	TRULICITY	INJ 0.75/0.5	Select	Select		
	ANORO ELLIPTA	AER 62.5-25	Select	Select		
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		

## Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-10-26				
2022-10-26				

## Diagnoses under Chronic Care Management

### Active

1. Glaucoma
2. Difficulty with Hearing
3. COPD
4. Other - undefined
5. Anxiety

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- 6. Rheumatoid Arthritis
- 7. Diabetes

## History of

- 1. Stroke

## Care management related to patient's activity levels

Assisstive Devices and DME  
Cane, Oxygen, Wheel Chair, CPAP  
Falls during the past year  
None

## Care management related to past medical history

Number of times in the past 12 months seen PCP :  
Number of times in past 12 months been to the Emergency Room : 1  
Number of times in past 12 months stayed overnight in hospital :  
Number of times in past 12 months been in a nursing home :  
Had Surgery in the last 12 months :  
Ever been hospitalized prior to the past 12 months: Yes

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	CHEEK, KIMBERLY M MD	
Neurologist		

## Family History:

Family Member	Medical Condition	Cause of Death
Father		

## 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

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## Screenings

Breast Cancer Screening	
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## Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Healthcare Proxy	
Advanced Directive	
Food Disparity	
Social support evaluation	

## Disease Management

Hearing evaluation	
Dental exam	

Assessor Comments	
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