

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. LIGHT, RYAN E MD  
STE 100 1100 VOLVO PKWY  
CHESAPEAKE, VA, 23320

**IMPORTANT WARNING:** This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

**To the extent that** Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



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

Dr. RYAN LIGHT  
STE 100 1100 VOLVO PKWY  
CHESAPEAKE, VA, 23320

11/28/2022

Dear Dr. LIGHT, RYAN E 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:

WALLACE L OSGOOD  
900032815\*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 concerns.

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 "Jay Schukman".

Jay Schukman, M.D.  
Chief Medical Officer

# Patient Assessment Summary

Name	: WALLACE L OSGOOD	Age	: 79
Date of Birth	: 1943-03-04	Member ID	: 900032815*01
Evaluator Name	:	Date	: 2022-9-20 11:00 AM
Gender	: Male	Address	: 1237 TRIPLE CROWN CIR APT 105,CHESAPEAKE,VA
Lob	: MA-Non DSNP	Marital Status	: Married
Email	:	Phone	: 757/335-3020,
Primary Language	: English	Race	: Caucasian

## Vital Signs

Blood Pressure	124/76 mmHG	Pulse	56 bpm	Respiratory Rate	16
Temp	98.2	Pulse Oximetry	97	Pain Scale /10	0/10
Age	79	Patients Height	6 feet 0 inch	Patients Weight	208 lbs
BMI	28.2				

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Allergies	MONTELUKAST	TAB 10MG	PO = By Mouth	Select	Dr. Weber	Taking
Allergies	FLUTICASONE	SPR 50MCG	N = Nasal	PRN	Dr. Weber	Taking
HLD	SIMVASTATIN	TAB 40MG	PO = By Mouth	HS	Dr. Weber	Taking
Asthma	VENTOLIN	AER	IN = Inhalation	PRN	Dr. Weber	Taking
DM II	METFORMIN	TAB 500MG	PO = By Mouth	QD	Dr. Weber	Taking
Dementia	donepezil	10 mg	PO = By Mouth	QD	Dr. Weber	Taking
HTN	lisinopril	2.5 MG	PO = By Mouth	QD	Dr. Weber	Taking

## Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2020-11-01	Prostate Plus	Unknown	PO = By Mouth	Daily
2019-08-01	Multivitamin	Unknown	PO = By Mouth	Daily
2018-04-02	flax seed oil	Unknown	PO = By Mouth	Daily

## Diagnoses under Chronic Care Management

### Active

1. Asthma
2. Hyperlipidemia, Hypertension
3. Dementia
4. Diabetes

### History of

# Patient Assessment Summary

Name	: WALLACE L OSGOOD	Age	: 79
Date of Birth	: 1943-03-04	Member ID	: 900032815*01
Evaluator Name	:	Date	: 2022-9-20 11:00 AM
Gender	: Male	Address	: 1237 TRIPLE CROWN CIR APT 105,CHESAPEAKE,VA
Lob	: MA-Non DSNP	Marital Status	: Married
Email	:	Phone	: 757/335-3020,
Primary Language	: English	Race	: Caucasian

None

## Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

Once

Comment : Patient reports falling off a pool table yesterday, no injuries.

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

No

Worries about falling or feeling unsteady when standing or walking?

No

Did you have a fracture in past 6 months?

No

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 2

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	LIGHT, RYAN E MD	

## 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

# Patient Assessment Summary

Name	: WALLACE L OSGOOD	Age	: 79
Date of Birth	: 1943-03-04	Member ID	: 900032815*01
Evaluator Name	:	Date	: 2022-9-20 11:00 AM
Gender	: Male	Address	: 1237 TRIPLE CROWN CIR APT 105,CHESAPEAKE,VA
Lob	: MA-Non DSNP	Marital Status	: Married
Email	:	Phone	: 757/335-3020,
Primary Language	: English	Race	: Caucasian

## Social

None

## Disease Management

None

Assessor Comments	Overall patient is doing well.
-------------------	--------------------------------