

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. DEHLI, TODD H MD
4830 RUCKER RD
MONETA, VA, 24121

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

JOHN E HALL

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

Dr. DEHLI, TODD H MD
4830 RUCKER RD
MONETA,VA,24121

2022-04-08

Dear Dr. DEHLI, TODD H 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:

JOHN E HALL
900039655*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,

A handwritten signature in black ink, appearing to read "Dr. Thomas Lundquist".

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

Patient Assessment Summary

Name	: JOHN E HALL	Age	: 74
Date of Birth	: 1947-11-08	Member ID	: 900039655*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-1 09:05 AM
Gender	: Male	Address	: 1037 LARK ST,BEDFORD,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 540/297-4031,
Primary Language	: English	Race	: No Ethnicity

Vital Signs

Blood Pressure	120/12 mmHG	Pulse	100 bpm	Respiratory Rate	123
Temp	90	Pulse Oximetry	10	Pain Scale /10	2
Age	74	Patients Height	09 feet 10 inch	Patients Weight	120 lbs
BMI	6.1 (Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Bleeding Gums

History of

1. Tinnitus
2. Nose Bleeds, Seasonal Allergies, Other - OTHERS
3. Difficulty Swallowing
4. Parotid Disease
5. Cystic Fibrosis
6. Atrial Fibrillation, Deep Vein Thrombosis, Ischemic Heart Disease (CAD), Valvular Disease, Other - undefined
7. Gout, Osteomyelitis
8. Eczema, Psoriasis
9. Cushing's Disease, Hypothyroidism

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

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Evaluator Name : test clinicianFE, FNP
Gender : Male
Lob : DSNP
Email :
Primary Language : English

Age : 74
Member ID : 900039655*01
Date : 2022-4-1 09:05 AM
Address : 1037 LARK ST,BEDFORD,VA
Marital Status :
Phone : 540/297-4031,
Race : No Ethnicity

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	DEHLI, TODD H 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

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
Cervical Cancer Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or	
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Age : 74
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pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Hearing evaluation	
Eye exam	
Blood Pressure checks	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	
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