

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. ISAACS, HOLLY M NP  
1501 MAPLE AVE STE 100  
RICHMOND, VA, 23226

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

ELIZABETH A BAISDEN

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

Dr. ISAACS, HOLLY M NP  
1501 MAPLE AVE STE 100  
RICHMOND,VA,23226

2022-04-11

Dear Dr. ISAACS, HOLLY M NP,

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:

ELIZABETH A BAISDEN  
900040832\*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 grey ink, appearing to read "Dr. Lundquist".

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

# Patient Assessment Summary

Name	: ELIZABETH A BAISDEN	Age	: 60
Date of Birth	: 1961-10-04	Member ID	: 900040832*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-14 04:18 PM
Gender	: Female	Address	: 8994 BECTON RD,GLEN ALLEN,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 804/869-7560,
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisitive Devices and DME

None

Falls during the past year

Once

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

No

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

Yes

Are you on osteoporosis med?

No

## 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	ISAACS, HOLLY M NP	

## Family History:

# Patient Assessment Summary

Name : ELIZABETH A BAISDEN  
Date of Birth : 1961-10-04  
Evaluator Name : test clinicianFE, FNP  
Gender : Female  
Lob : DSNP  
Email :  
Primary Language :

Age : 60  
Member ID : 900040832\*01  
Date : 2022-6-14 04:18 PM  
Address : 8994 BECTON RD,GLEN ALLEN,VA  
Marital Status :  
Phone : 804/869-7560,  
Race : No Ethnicity

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:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Nutrition/ weight management	

### Social

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

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Other	

Assessor Comments	
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