

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. WELLS, JANELLE M MD  
664 LINCOLN ST  
PORTSMOUTH, VA, 23704

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

Dr. JANELLE WELLS  
664 LINCOLN ST  
PORTSMOUTH, VA, 23704

03/07/2023

Dear Dr. WELLS, JANELLE M 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:

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

## 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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