

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. DISHMAN-KESSLER, CASSANDRA F DO  
1015 SPRING CREEK PKWY  
ZION CROSSROADS, VA, 22942

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

Dr. CASSANDRA DISHMAN-KESSLER  
1015 SPRING CREEK PKWY  
ZION CROSSROADS, VA, 22942

12/07/2022

Dear Dr. DISHMAN-KESSLER, CASSANDRA F DO,

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:

JOYCE E MORRIS  
900042265\*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	: JOYCE E MORRIS	Age	: 67
Date of Birth	: 1955-02-23	Member ID	: 900042265*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-12-5 12:23 PM
Gender	: Female	Address	: 379 NANNIE BURTON ROAD, LOUISA, VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 202/308-1891,
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	67	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	RYBELSUS	TAB 14MG	Select	Select		
	DICLOFENAC SODIUM	GEL 0.01	Select	Select		
	LEVEMIR FLEXTOUCH	INJ FLEXTOUC	Select	Select		
	BD PEN NEEDLE/ SHORT/ULTRA-FINE/31G X 8MM	MIS 31GX8MM	Select	Select		
	OMEPRAZOLE	CAP 20MG	Select	Select		
	LACTULOSE	SOL 10GM/15	Select	Select		
	ONDANSETRON HYDROCHLORIDE	TAB 4MG	Select	Select		
	OXYCODONE HYDROCHLORIDE	TAB 5MG	Select	Select		
	HYDROCHLOROTHIAZIDE	TAB 25MG	Select	Select		
	POLYETHYLENE GLYCOL 3350	POW 3350 NF	Select	Select		
	VALACYCLOVIR HYDROCHLORIDE	TAB 500MG	Select	Select		
	ACCU-CHEK AVIVA PLUS	TES AVIVA PL	Select	Select		
	NITROGLYCERIN	SUB 0.4MG	Select	Select		
	TIZANIDINE HYDROCHLORIDE	TAB 4MG	Select	Select		
	LISINAPRIL	TAB 40MG	Select	Select		
	LATANOPROST	SOL 0.00005	Select	Select		
	GABAPENTIN	CAP 300MG	Select	Select		
	AMOXICILLIN/ CLAVULANATE POTASSIUM	TAB 875-125	Select	Select		
	LIDOCAINE	PAD 0.05	Select	Select		
	MODERNA COVID-19 VACCINE	INJ COVID-19	Select	Select		

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	NAPROXEN	TAB 500MG	Select	Select		
	SHINGRIX	INJ 50/0.5ML	Select	Select		
	ROSUVASTATIN CALCIUM	TAB 20MG	Select	Select		
	CYCLOBENZAPRINE HYDROCHLORIDE	TAB 10MG	Select	Select		
	METFORMIN HYDROCHLORIDE ER	TAB 500MG ER	Select	Select		
	BACLOFEN	TAB 10MG	Select	Select		
	GOLYTELY	SOL	Select	Select		
	CARVEDILOL	TAB 25MG	Select	Select		
	AMLODIPINE BESYLATE	TAB 10MG	Select	Select		
	PREDNISONE	TAB 10MG	Select	Select		
	COLCHICINE	TAB 0.6MG	Select	Select		
	BD PEN NEEDLE/MINI/ ULTRA-FINE/31G X 5MM	MIS 31GX5MM	Select	Select		
	ALBUTEROL SULFATE HFA	AER HFA	Select	Select		
	ACETAMINOPHEN	TAB 325MG	Select	Select		
	CONTOUR NEXT BLOOD GLUCOSE TEST	TES NEXT	Select	Select		
	CVS ASPIRIN ADULT LOW DOSE	CHW 81MG	Select	Select		
	DICLOFENAC SODIUM DR	TAB 75MG DR	Select	Select		
	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	KIT NEXT EZ	Select	Select		
	TECHLITE LANCETS	MIS LANCETS	Select	Select		

## 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 :

Number of times in past 12 months been to the Emergency Room :

Number of times in past 12 months stayed overnight in hospital :

Number of times in past 12 months been in a nursing home :

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Phone : 202/308-1891,  
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Had Surgery in the last 12 months :

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	DISHMAN-KESSLER, CASSANDRA F DO	

## 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:

## Preventative Follow up needed

## Screenings

None

## Social

None

## Disease Management

None

Assessor Comments	
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