

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. SWAN, DENNIS D MD  
213 NORTH MAIN ST  
BLACKSTONE, VA, 23824

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**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. DENNIS SWAN  
213 NORTH MAIN ST  
BLACKSTONE, VA, 23824

11/28/2022

Dear Dr. SWAN, DENNIS D 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:

HATTIE B SPRATLEY  
900046443\*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             | : HATTIE B SPRATLEY | Age            | : 75                                 |
| Date of Birth    | : 1947-03-26        | Member ID      | : 900046443*01                       |
| Evaluator Name   | :                   | Date           | : 2022-9-24 11:30 AM                 |
| Gender           | : Female            | Address        | : 701 CHURCH ST APT D1,BLACKSTONE,VA |
| Lob              | : MA-Non DSNP       | Marital Status | : Married                            |
| Email            | :                   | Phone          | : 434/292-5039,                      |
| Primary Language | : English           | Race           | : African American                   |

## Vital Signs

|                |                |                 |               |                  |         |
|----------------|----------------|-----------------|---------------|------------------|---------|
| Blood Pressure | 158/74 mmHG    | Pulse           | 52 bpm        | Respiratory Rate | 18      |
| Temp           | 97.6           | Pulse Oximetry  | 99            | Pain Scale /10   | 0       |
| Age            | 75             | Patients Height | 5 feet 7 inch | Patients Weight  | 214 lbs |
| BMI            | 33.5 (Obesity) |                 |               |                  |         |

## Allergies

None

## Current Medications

| Diagnoses      | Label Name   | Dose / Units | Route         | Frequency | Prescribing Physician | Status |
|----------------|--------------|--------------|---------------|-----------|-----------------------|--------|
| joint pain     | DICLOFENAC   | GEL 0.01     | T = Topical   | PRN       | PCP                   | Taking |
| HTN            | HYDRALAZINE  | TAB 25MG     | PO = By Mouth | TID       | nephrologist          | Taking |
| HTN            | CARVEDILOL   | TAB 6.25MG   | PO = By Mouth | BID       | PCP                   | Taking |
| Edema          | TORSEMIDE    | TAB 20MG     | PO = By Mouth | QD        | PCP                   | Taking |
| HTN            | ISOSORB      | TAB 5MG      | PO = By Mouth | TID       | PCP                   | Taking |
| Hyperlipidemia | ATORVASTATIN | TAB 20MG     | PO = By Mouth | HS        | PCP                   | Taking |
| DM             | GLIMEPIRIDE  | TAB 1MG      | PO = By Mouth | QD        | PCP                   | Taking |
| Low Mg         | MAG          | TAB 400MG    | PO = By Mouth | QD        | PCP                   | Taking |
| HTN            | LISINOPRIL   | TAB 40MG     | PO = By Mouth | QD        | PCP                   | Taking |

## Over the Counter Medications / Supplements

| Date       | Description     | Dose/Units | Route         | Frequency |
|------------|-----------------|------------|---------------|-----------|
| 2022-09-24 | Tylenol         | 650 mg     | PO = By Mouth | prn       |
| 2022-09-24 | Vit D3          | 25 mcg     | PO = By Mouth | QD        |
| 2022-09-24 | Vit B12         | 1000 mcg   | PO = By Mouth | QD        |
| 2022-09-24 | ferrous sulfate | 325 mg     | PO = By Mouth | QOD       |

## Diagnoses under Chronic Care Management

### Active

1. Legally Blind
2. COPD
3. Congestive Heart Failure, Hyperlipidemia, Hypertension, Ischemic Heart Disease (CAD)
4. Other - Vit D deficiency
5. Chronic Kidney Disease
6. Degenerative Disc Disease, Osteoarthritis
7. Chronic Kidney Disease secondary to Diabetes, Diabetes, Hypertension and Diabetes
8. Anemia, Vitamin D Deficiency

# Patient Assessment Summary

|                  |                     |                |  |
|------------------|---------------------|----------------|--|
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| Evaluator Name   | :                   | Date           | : 2022-9-24 11:30 AM                   |
| Gender           | : Female            | Address        | : 701 CHURCH ST APT D1, BLACKSTONE, VA |
| Lob              | : MA-Non DSNP       | Marital Status | : Married                              |
| Email            | :                   | Phone          | : 434/292-5039,                        |
| Primary Language | : English           | Race           | : African American                     |

## History of

None

## Care management related to patient's activity levels

### Assistive Devices and DME

Cane, Walker, Oxygen, Wheel Chair, Other - uses prn SOB

Comment : shower chair

### Falls during the past year

None

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 3

Number of times in past 12 months been to the Emergency Room : 1

difficulty walking, weakness, cardiac workup/no reason for sx

Number of times in past 12 months stayed overnight in hospital : 1

May 4-6, 2022

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: Yes

May 4-6 2022 for weakness

## Providers:

| Medical Specialty      | Specialist        | For                 |
|------------------------|-------------------|---------------------|
| Primary Care Physician | SWAN, DENNIS D MD |                     |
| Nephrologist           | Dr Daneva         | CKD                 |
| Cardiologist           | Dr S              | CAD                 |
| Ophthalmologist        | Dr Rosenberger    | right eye blindness |

## Family History:

| Family Member | Medical Condition | Cause of Death |
|---------------|-------------------|----------------|
| Mother        |                   | unknown        |
| Father        |                   | unknown        |

## 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

# Patient Assessment Summary

Name : HATTIE B SPRATLEY  
Date of Birth : 1947-03-26  
Evaluator Name :  
Gender : Female  
Lob : MA-Non DSNP  
Email :  
Primary Language : English

Age : 75  
Member ID : 900046443\*01  
Date : 2022-9-24 11:30 AM  
Address : 701 CHURCH ST APT D1,BLACKSTONE,VA  
Marital Status : Married  
Phone : 434/292-5039,  
Race : African American

## Preventative Follow up needed Screenings

|                         |  |
|-------------------------|--|
| Breast Cancer Screening |  |
| Colorectal Screening    |  |
| Osteoporosis Screening  |  |
| Fall Risk Screening     |  |
| Hepatitis C Screening   |  |
| Other                   |  |

## Social

|  |  |
|--|--|
| Member educated on advance care planning |  |
| Durable Power of attorney                |  |
| Healthcare Proxy                         |  |
| Advanced Directive                       |  |

## Disease Management

|                                      |  |
|--------------------------------------|--|
| Blood Pressure checks                |  |
| Heart Healthy Diet                   |  |
| Exercise 30 min a day                |  |
| Report abnormal bruising or bleeding |  |
| Follow up with doctor for lab work   |  |
| Take medications as prescribed       |  |
| Other                                |  |

|                   |   |
|-------------------|---|
| Assessor Comments | pleasant moderately obese black female with hx HTN, DM, and most recent CKD. Seeing nephrologist, cardiologist, and eye specialist for chronic right eye blindness, |
|-------------------|---|