

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Jim Smith

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Southwestern Health Resources



UT Southwestern
Medical Center

Dr. Jim Smith
, ,

Dr. Jim Smith

Your patient was recently offered a convenient in-home assessment and health screening, not to replace his or her scheduled appointments with you. Our goal is to help patients take charge of their health by encouraging regular check-ups and follow-up care. Through our partnership with Focus Care, a licensed medical professional conducted the patient visit. Southwestern Health Resources has provided you with the enclosed summary and results for:

Lupe O Acosta
1942-12-12
348863501

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. Only your patient, you and Southwestern Health Resources received this summary and we recommend discussing the findings with your patient at their next appointment or reach out to them with any urgent concern.

If you have any questions about the in-home health review, please call us at <1-855-977-8820 Monday through Friday, 8:30 a.m. to 9:00 p.m. CDT

Sincerely,



Jason Fish, MD
Chief Medical Officer
Southwestern Health Resources

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	78	Patients Height		Patients Weight	
BMI					

Patient Assessment Summary

Name	: Lupe O Acosta	Age	: 78
Date of Birth	: 1942-12-12	Member ID	: 348863501
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1234 Riverdale Road,Mackinac,MI
Lob	: LOB	Marital Status	: Single
Email	: lacosta@gmail.com	Phno	: 123-222-2345,

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
Percocet	Nausea

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		

Over the Counter Medications / Supplements

Answer: **No**

Race

Answer: **Caucasian**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

None

Patient Assessment Summary

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Care management related to self - assessment and psychosocial behaviors

Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups?**Sometimes**
Comment :

Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems?**Yes**
Comment : **husband Bob**

Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive?**No**
Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

H. Going up or down stairs : **No**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Walker

Are you currently seeing any specialists?

Answer: **No**

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **2**

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : **None**

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

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E. Had Surgery : **None**

Have you ever been hospitalized prior to the last 12 months?

Answer: **No**

- In the past year how many times have you Fallen?

Answer: **None**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

Have you lost weight in the past 6 months?

Answer: **10lbs**

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Don't Know

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Father	Heart attack	MI-1999

- In the past year how many times have you Fallen?

Answer: **None**

Assessors Comments :