

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

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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.

**Southwestern Health Resources**



**UT Southwestern**  
Medical Center

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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:

Calvin Adkins  
1933-09-18  
473861301

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	88	Patients Height		Patients Weight	
BMI					

# Patient Assessment Summary

Name	: Calvin Adkins	Age	: 88
Date of Birth	: 1933-09-18	Member ID	: 473861301
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

## Your Screenings

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

## Allergies

Answer: **yes**

Substance	Reaction

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
hypertension	lisinopril		PO = By Mouth	QD		Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-12-30				

### Race

Answer: **Asian**

### Preferred language

Answer: **Other**

If other,

Answer: Arabic

## Diagnoses under Chronic Care Management

### Active

### Cataracts

Secondary to Diabetes

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Tinnitus

Other

Otherallergic rhinitis

COPD

Has patient been told they have Chronic BronchitisYes

Has patient been told they have EmphysemaNo

Is patient on BronchodilatorYes

Route is : Inhaled

Is patient on SteroidsNo

Does patient have current exacerbationYes

Supported by :

Chronic Kidney Disease

What stage

Secondary to Diabetes

Secondary to Hypertension

Rheumatoid Arthritis

Which jointsHips and knees- pain and swelling

Skin ulcer

EtiologyPressure

Diabetes

TypeType 2

Most recent Hb A1C, value

And Date

Met with a nurse or dietician for diabetic education

Met with a diabetic educator

Anemia

EtiologyIron deficiency

If yes, Patient onIron

History Of

Myocardial Infarction

Is patient taking a Beta BlockerYes

Is patient takingAspirin

Stroke

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## Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred LanguageOther

Comment :

If other,

Comment

Counsel patient on and or provide medication for smoking cessation.

Tobacco UseCurrent

Comment :

Type

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## Comment

Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication? **Yes**

Comment :

Further assessment is required with a PHQ9 and or referral for a psychological evaluation

have you been feeling down, depressed or hopeless at times **More than half the days**

Comment :

Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney **Yes**

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 : **Need Total Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk

H. Going up or down stairs : **Need Some Help**

How many stairs can you climb

## Care management related to past medical history

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

Answer: Cane , Walker

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Psychologist		

If no activities are checked as need some help or total help

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

B. Visited the Emergency Room : **1**

If one or more, describe

C. Stayed in the hospital overnight : **1**

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If one or more, describe

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

Answer: **Yes**

Describe

Answer:

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

Answer: **Once**

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

Answer:

Worries about falling or feeling unsteady when standing or walking?

Answer:

Did you have a fracture in past 6 months?

Answer:

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: **No**

Have you lost weight in the past 6 months?

Answer:

## 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	Yes
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

## Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Father		

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

Answer: **Once**

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

Answer:

**Worries about falling or feeling unsteady when standing or walking?**

Answer:

**Did you have a fracture in past 6 months?**

Answer:

Assessors Comments :