

CONFIDENTIAL INFORMATION

From :

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

To :

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

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

''

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:

Anton M Adams
1956-07-23
CC0019529

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	12/70/ mmHG	Pulse	68	Respiratory Rate	18
Temp		Pulse Oximetry	97	Pain Scale /10	1
Age	65	Patients Height	5	Patients Weight	190
BMI	28.9				

Patient Assessment Summary

Name : Anton M Adams
Date of Birth : 1956-07-23
Evaluator Name : undefined
Gender : Female
Lob : LOB
Email :

Age : 65
Member ID : CC0019529
Date : undefined
Address : „
Marital Status : Single
Phno : ,

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
pcn	rash

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
htn	metoprolol	50mg	PO = By Mouth	BID	dr smith	

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
	mvi		PO = By Mouth	qd

Race

Answer: **Caucasian**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

COPD

Has patient been told they have Chronic Bronchitis

Has patient been told they have Emphysema**No**

Is patient on Bronchodilator**Yes**

Route is : **Inhaled**

Patient Assessment Summary

Name	: Anton M Adams	Age	: 65
Date of Birth	: 1956-07-23	Member ID	: CC0019529
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

Is patient on Steroids**No**

Does patient have current exacerbation**No**

Hyperlipidemia

Is patient on Statin**Yes**

Hypertension

Adequately controlled**Yes**

GERD

Urinary Incontinence

Related to stress**Yes**

Related to : **Dribbling**

Describe**Daily**

Hypothyroidism

Vitamin D Deficiency

History Of

Cataracts

Secondary to Diabetes**No**

Difficulty Chewing

Because of pain**No**

poor dentition

Gout

Care management related to self - assessment and psychosocial behaviors

Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

When you get written information at a doctor's office would you say it is?**Somewhat difficult**

Comment :

When you read the instructions on a prescription bottle would you say that it is?**Somewhat difficult**

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 :

Counsel patient on the need for an Advance Directive.

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

Comment : **Educated to begin discussing end of life choices w PCP**

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy **Yes**

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 Assessment Summary

Name	: Anton M Adams	Age	: 65
Date of Birth	: 1956-07-23	Member ID	: CC0019529
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

- 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 : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **No**

G. Walking : **No**

Comment: cg assists w bathing, dressing and toileting; ambulates w a RW independently

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: Yes

Comment: Cardiologist - Dr Smith - 999-999-9999

Medical Specialty	Specialist	For
-------------------	------------	-----

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

sob and fever; DX w pneumonia; tx Levaquin

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

If one or more, describe

monitored for pneumonia

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

E. Had Surgery : **None**

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

Answer: Yes

Describe

Answer: Appendectomy 2010

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

Answer: Once

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

Patient Assessment Summary

Name : Anton M Adams Age : 65
Date of Birth : 1956-07-23 Member ID : CC0019529
Evaluator Name : undefined Date : undefined
Gender : Female Address : ,
Lob : LOB Marital Status : Single
Email : Phno : ,

Answer: **No**

Worries about falling or feeling unsteady when standing or walking?

Answer: **No**

Did you have a fracture in past 6 months?

Answer: **No**

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: **None**

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	No
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Not Applicable

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Father	CAD	MI

- 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: **No**

Worries about falling or feeling unsteady when standing or walking?

Answer: **No**

Did you have a fracture in past 6 months?

Answer: **No**

Patient Assessment Summary

Name	: Anton M Adams	Age	: 65
Date of Birth	: 1956-07-23	Member ID	: CC0019529
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

Assessors Comments :