

# 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:

Joann Adamek  
1953-09-27  
CC0022966

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	68	Patients Height		Patients Weight	
BMI					

# Patient Assessment Summary

Name : Joann Adamek  
Date of Birth : 1953-09-27  
Evaluator Name : undefined  
Gender : Female  
Lob : LOB  
Email :

Age : 68  
Member ID : CC0022966  
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:

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: Other

### Describe

Answer: No Ethnicity

### Preferred language

Answer: English

## Diagnoses under Chronic Care Management

### History Of

#### COPD

Has patient been told they have Chronic BronchitisYes

Has patient been told they have EmphysemaYes

Is patient on BronchodilatorYes

Route is : Nebulizer

Is patient on SteroidsYes

Route is : Inhaled

Does patient have current exacerbationNo

# Patient Assessment Summary

Name	: Joann Adamek	Age	: 68
Date of Birth	: 1953-09-27	Member ID	: CC0022966
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

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

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 :

## 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: Yes

Medical Specialty	Specialist	For
Pulmonologist		

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

Refer patient for a physical therapy evaluation : **3**

A. Seen your PCP

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**

E. Had Surgery : **None**

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

Answer: **No**

# Patient Assessment Summary

Name	: Joann Adamek	Age	: 68
Date of Birth	: 1953-09-27	Member ID	: CC0022966
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

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

Answer:

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:

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## 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	
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	

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## Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer:

Assessors Comments :