

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. GRAHAM JR, LEROY MD
15408 WARWICK BLVD
NEWPORT NEWS, VA, 23608-9998

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15408 WARWICK BLVD
NEWPORT NEWS,VA,23608-9998

2022-02-11

Dear Dr. GRAHAM JR, LEROY 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:

TRACEY D ROSS
1084452*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 concern.

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,

Enclosure

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	51	Patients Height		Patients Weight	
BMI					

Patient Assessment Summary

Name	: TRACEY D ROSS	Age	: 51
Date of Birth	: 1970-07-01	Member ID	: 1084452*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 470 BRYSON CT,NEWPORT NEWS,VA
Lob	: Small Group	Marital Status	: Single
Email	:	Phno	: 757/817-7516,757/817-7516, 757/873-2976

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

None

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.

How much school have you completed? : Completed 3rd grade

Comment : uyuky

How confident are you in filling out medical forms by yourself? : Not Very Confident

Patient Assessment Summary

Name	: TRACEY D ROSS	Age	: 51
Date of Birth	: 1970-07-01	Member ID	: 1084452*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 470 BRYSON CT,NEWPORT NEWS,VA
Lob	: Small Group	Marital Status	: Single
Email	:	Phno	: 757/817-7516,757/817-7516, 757/873-2976

Comment :

- Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? : **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 : **Need Some Help**

D. Bathing : **No**

E. Dressing : **Need Total Help**

G. Walking : **No**

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

How many stairs can you climb : **Three to five**

Care management related to past medical history

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

Answer:

Are you currently seeing any specialists?

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

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

Answer:

- 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:

Care management related to preventive care

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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	

Care management related to diagnoses and symptoms

Family History

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

Answer: **None**

Assessors Comments :