

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

TRIBASTONE, ANDREA DENISE MD  
3263 PROFFIT ROAD SUITE 101  
22911-9998

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3263 PROFFIT ROAD SUITE 101  
CHARLOTTESVILLE

2022-03-21

TRIBASTONE, ANDREA DENISE 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:

DAVID S SHIPLEY  
1486620\*02

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	41	Patients Height		Patients Weight	
BMI					

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# Patient Assessment Summary

Name	: DAVID S SHIPLEY	Age	: 41
Date of Birth	: 1980-10-04	Member ID	: 1486620*02
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 103 SNTONNETTE CT APT B,CHARLOTTESVILLE,VA
Lob	: Small Group	Marital Status	: Single
Email	:	Phno	: 434/960-8944,434/960-8944, 410/294-3590, 434/974-6663

## 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?Less than 3rd grade

Comment :

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

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Comment :

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

Comment :

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

Comment :

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## Care management related to patient's activity levels

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

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## 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:

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	

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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:

Assessors Comments :