



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

Dr. HARTLINE, STEVEN M MD
SUITE 300 633 BATTLEFIELD BLVD
CHESAPEAKE,VA,23322-9998

2021-09-29

Dear Dr. HARTLINE, STEVEN M 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:

CHARLES A BOLLINGER
1567969*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,

Dr. Thomas Lundquist, M.D.
Chief Medical Officer
Optima Health

Enclosure

Patient Assessment Summary

Name	: CHARLES A BOLLINGER	Age	: 58
Date of Birth	: 1963-03-25	Member ID	: 1567969*02
Evaluator Name	: test	Date	: 2021-09-29T14:55
Gender	: Male	Address	: 624 SHERRINGFIELD TER,CHESAPEAKE,VA
Lob	: Small Group	Marital Status	: Single
Email	:	Phno	: 757/410-3884,757/410-3884, 757/410-3884, 757/547-9751

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	Patients Height	02 feet 03 inch	Patients Weight	123 lbs
BMI	118.6(Morbid Obesity (BMI = or > 40))				

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:

Diagnoses under Chronic Care Management

None

Patient Assessment Summary

Name	: CHARLES A BOLLINGER	Age	: 58
Date of Birth	: 1963-03-25	Member ID	: 1567969*02
Evaluator Name	: test	Date	: 2021-09-29T14:55
Gender	: Male	Address	: 624 SHERRINGFIELD TER,CHESAPEAKE,VA
Lob	: Small Group	Marital Status	: Single
Email	:	Phno	: 757/410-3884,757/410-3884, 757/410-3884, 757/547-9751

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 :

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

Comment :

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

Comment : **hguyju**

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**

C. Toileting : **Need Total Help**

Comment: **hggghku**

D. Bathing : **No**

E. Dressing : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **One block**

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

Patient Assessment Summary

Name	: CHARLES A BOLLINGER	Age	: 58
Date of Birth	: 1963-03-25	Member ID	: 1567969*02
Evaluator Name	: test	Date	: 2021-09-29T14:55
Gender	: Male	Address	: 624 SHERRINGFIELD TER,CHESAPEAKE,VA
Lob	: Small Group	Marital Status	: Single
Email	:	Phno	: 757/410-3884,757/410-3884, 757/410-3884, 757/547-9751

- 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:

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	

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :