

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. VACCARELLA, JOSEPH E MD
STE 101 1419 CEDAR ROAD
CHESAPEAKE, VA, 23322

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STE 101 1419 CEDAR ROAD
CHESAPEAKE,VA,23322

2022-02-25

Dear Dr. VACCARELLA, JOSEPH E 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:

PAM HERMAN
2011390*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,

Your Vital Signs

Blood Pressure	120/10 mmHG	Pulse	123 bpm	Respiratory Rate	0
Temp	0	Pulse Oximetry		Pain Scale /10	3
Age	57	Patients Height	10 feet 03 inch	Patients Weight	1200 lbs
BMI	55.8(Morbid Obesity (BMI = or > 40))				

Patient Assessment Summary

Name	: PAM HERMAN	Age	: 57
Date of Birth	: 1964-01-05	Member ID	: 2011390*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 212 HICKORY ROAD E, CHESAPEAKE, VA
Lob	: Individual	Marital Status	: Single
Email	:	Phno	: 757/580-5990, 757/580-5990

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
gtg	ttyut
ytyu	yjutiu

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Rabeprazole	uuu	PO = By Mouth	PC	DON	Taking
	Esomeprazole	hui	IV = Intravenous	AC	CLARA	Not Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-11-25	tg	10	SQ = Subcutaneous	daily
2021-11-25	ytyik	10	N = Nasal	monthly
2021-11-25	uyoi	200 mg	S = Sublingual	daily

- Race

Answer: **Other**

Describe

Answer: **No Ethnicity**

- Preferred language

Answer: **Other**

If other,

Answer: Hungarian

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Diagnoses under Chronic Care Management

Active

Parotid Disease, Supported By History

Other, Supported By Medications, Test results, DME

Other :

Care management related to self - assessment and psychosocial behaviors

- Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language : **Other**

Comment :

If other, : Hungarian

Comment :

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

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for an Advance Directive.

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

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **Need Some Help**

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 : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **Less than one block**

Comment: ukoioik

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

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

Comment: hhykiu

Care management related to past medical history

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

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: **No**

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 : **3**

If one or more, describe

C. Stayed in the hospital overnight : **3**

If one or more, describe

D. Been in a nursing home : **3**

If one or more, describe

E. Had Surgery : **3**

If one or more, describe

- 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: **No**

- 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	Yes

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Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	No
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Don't Know

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer: None

Assessors Comments :