

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

SINGSON, FLORISA S MD  
STE B 4501 N WITCHDUCK RD  
23455

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SINGSON, FLORISA S MD  
STE B 4501 N WITCHDUCK RD  
VIRGINIA BEACH

SINGSON, FLORISA S 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:

ERIN L WHITE  
1985-07-16  
1600305\*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, Monday through Friday from 8:30 a.m. to 9:00 p.m. EST.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Lundquist".

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

**Your Vital Signs**

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# Patient Assessment Summary

Name	: ERIN L WHITE	Age	: 36
Date of Birth	: 1985-07-16	Member ID	: 1600305*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4437 CHELSEA ST APT 202,VIRGINIA BEACH,VA
Lob	: M4	Marital Status	: Single
Email	:	Phno	: 757/470-1587,757/470-1587

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	36	Patients Height		Patients Weight	
BMI					

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescrib ing Physicia n	Status

## Over the Counter Medications / Supplements

Answer: No

### Race

Answer: Caucasian

### Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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

# Patient Assessment Summary

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Lob	: M4	Marital Status	: Single
Email	:	Phno	: 757/470-1587,757/470-1587

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?**Somewhat difficult**

Comment :

Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups?**Often**

Comment :

Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney?**No**

Comment :

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## 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 : **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**

E. Dressing : **No**

G. Walking : **Need Total Help**

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

H. Going up or down stairs : **No**

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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: None

Comment:

Are you currently seeing any specialists?

Answer: **No**

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : **2**

If one or more, describe

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C. Stayed in the hospital overnight : 4

If one or more, describe

E. Had Surgery : None

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

Answer: No

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

## Care management related to diagnoses and symptoms

Family History

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

Answer: None

Assessors Comments : hgjuk