



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

JEREMIAH, MICHAEL MD
1314 PETERS CREEK RD
ROANOKE,VA,24017-9998

Dear Dr. JEREMIAH, MICHAEL 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:

SHERITA A LEFTWICH
1973-11-01
20061632*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

Patient Assessment Summary

Name : SHERITA A LEFTWICH
Date of Birth : 1973-11-01
Evaluator Name : test
Gender : Female
Lob : CCC+
Email :

Age : 47
Member ID : 20061632*01
Date : 2021-10-04T12:23
Address : 2744 MELROSE AVE NW APT 108,ROANOKE,VA
Marital Status : Single
Phno : 540/494-7141,540/494-7141,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	47	Patients Height		Patients Weight	
BMI					

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

Comment: english

Diagnoses under Chronic Care Management

None

Patient Assessment Summary

Name	: SHERITA A LEFTWICH	Age	: 47
Date of Birth	: 1973-11-01	Member ID	: 20061632*01
Evaluator Name	: test	Date	: 2021-10-04T12:23
Gender	: Female	Address	: 2744 MELROSE AVE NW APT 108,ROANOKE,VA
Lob	: CCC+	Marital Status	: Single
Email	:	Phno	: 540/494-7141,540/494-7141,

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 : **jjiloiu**

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

Comment : **hjyy**

How confident are you in filling out medical forms by yourself? : **Not at All Confident**

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? : **Sometimes**

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 : **iiiioyui**

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : **Other**

Comment :

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

Do you have a Durable Power of Attorney? : **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 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**

D. Bathing : **No**

E. Dressing : **Need Some Help**

F. Eating : **Need Total Help**

Patient Assessment Summary

Name	: SHERITA A LEFTWICH	Age	: 47
Date of Birth	: 1973-11-01	Member ID	: 20061632*01
Evaluator Name	: test	Date	: 2021-10-04T12:23
Gender	: Female	Address	: 2744 MELROSE AVE NW APT 108,ROANOKE,VA
Lob	: CCC+	Marital Status	: Single
Email	:	Phno	: 540/494-7141,540/494-7141,

Care management related to past medical history

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

Answer: Cane , Wheel Chair , Bedside Commode , Urinal , Bed Pan , Other

Are you currently seeing any specialists?

- Patient should be referred for a physical therapy evaluation related to ADL's.

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 : **1**

If one or more, describe

Two members

C. Stayed in the hospital overnight : **5 or more**

If one or more, describe

hyk

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

Comment: Ththree

If one or more, describe

cngggggggg

E. Had Surgery : **2**

If one or more, describe

bcccg

- 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:

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	

Patient Assessment Summary

Name : SHERITA A LEFTWICH
Date of Birth : 1973-11-01
Evaluator Name : test
Gender : Female
Lob : CCC+
Email :

Age : 47
Member ID : 20061632*01
Date : 2021-10-04T12:23
Address : 2744 MELROSE AVE NW APT 108,ROANOKE,VA
Marital Status : Single
Phno : 540/494-7141,540/494-7141,

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 :