

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. COLLINS, COLLEEN NP  
18849 KINGS HIGHWAY  
MONTROSS, VA, 22520

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

COLLINS, COLLEEN NP  
18849 KINGS HIGHWAY  
MONTROSS, VA, 22520

Dear Dr. COLLINS, COLLEEN NP,

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:

BRENDA BALDERSON  
1000605\*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 concerns.

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 "Jay Schukman".

Jay Schukman, M.D.  
Chief Medical Officer

# Patient Assessment Summary

Name	: BRENDA BALDERSON	Age	: 41
Date of Birth	: 1980-11-29	Member ID	: 1000605*01
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-27 05:12 PM
Gender	: Female	Address	: 647 JONES CREEK ROAD,WARSAW,VA
Lob	: M4	Marital Status	:
Email	:	Phone	: ,
Primary Language	:	Race	: No Ethnicity

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	41	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

1. Legally Deaf

## History of

1. Other - undefined

## Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Oxygen, Wheel Chair, Bed Pan

Falls during the past year

More than three times

Do you worry about falling or feeling unsteady when standing or walking

Worries about falling or feeling unsteady when standing or walking?

Yes

Did you have a fracture in past 6 months?

No

## Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
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Evaluator Name : test clinicianFE, FNP  
Gender : Female  
Lob : M4  
Email :  
Primary :  
Language :

Age : 41  
Member ID : 1000605\*01  
Date : 2022-4-27 05:12 PM  
Address : 647 JONES CREEK ROAD,WARSAW,VA  
Marital Status :  
Phone : ,  
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Primary Care Physician

COLLINS, COLLEEN NP

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 2

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Influenza Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
Glaucoma Screening	
Cervical Cancer Screening	
Osteoporosis Screening	
Prostate Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Smoking/Tobacco	
Substance Abuse	
Durable Power of attorney	
Healthcare Proxy	
Advanced Directive	
Food Disparity	
Literacy	

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## Disease Management

Discuss medication side effects with your Doctor	
Hearing evaluation	
Dental exam	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	I have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluat
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