

HRA Form

Plan :	VPHP - VIRGINIA PREMIER
Program :	Medicare
LOB :	DSNP
Region :	CENTRAL
Aligned :	Y
Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	SHAWN HENRY
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1961-11-13
Evaluation Date :	
Visit Type :	

Demographics	
Name	SHAWN HENRY
Gender	Female
Address	4810 ALLENSHAW DRIVE
City	HENRICO
State	VA
Zip	232319999
Date of Birth	1961-11-13
Age(as of date)	59
Marital Status	Single
Member Identification Number	11002393
HICN	1RE7H36VH48
Phone Number	8042221800
Cell Number	
Email	
Emergency Contact	Evan Biebers
Phone Number	804-475-3956
Primary Care Physician	HABIB, AYSHA
Phone Number	8046122980
PCP Address	5207 Hickory Park Dr
PCP City	Glen Allen

PCP State	VA
PCP Zip	230592624
PCP County	
Office ID	P0149943
Office Name	BON SECOURS SHORT PUMP PRIMARY CARE

1. Race

Answer: African American

Patient's Ethnicity

Answer: Other Ethnicity

2. Preferred language

Answer: English

Covid Screening

In the last 14 days, have you:

Traveled internationally?

Answer: No

Had known exposure to anyone diagnosed with Corona virus (COVID-19)

Answer: No

Had close contact with someone who has traveled to a high risk area?

Answer: No

Developed Fever?

Answer: No

Developed Cough?

Answer: No

Developed Flu like symptoms?

Answer: No

Developed Shortness of breath?

Answer: No

Self-Assessment and Social History

3. How much school have you completed?

Answer: Completed 12th grade

4. When you get written information at a doctor's office would you say it is

Answer: Somewhat difficult

5. When you read the instructions on a prescription bottle would you say that it is

Answer: Somewhat difficult

6. How confident are you in filling out medical forms by yourself?

Answer: Not Very Confident

7. How would you rate your health compared to other persons your age?

Answer: Poor

8. During past 3 months, has your physical and or emotional health limited your social activities with family, friends, neighbours or groups?

Answer: Never

9. Where do you currently live?

Answer: Other

Describe

Answer: lives at days inn with roommate hasn't seen in 1 week.

10. Do you have someone you can rely on to help if you are sick or have problems you need to discuss?

Answer: Yes

11. Who do you currently live with?

Answer: Friend

12. Are you currently a caregiver for someone?

Answer: No

13. Tobacco use

Answer: Current

Type

Answer:Cigarettes

How Many

Answer: 1/2 a pack

14. Alcohol Use

Answer: Former

How many drinks	How Often
Select	Select

15. Do you or have you used recreational drugs or pain medication?

Answer: Yes

Which drugs or medication

Answer: cocaine

16. Do you have a Healthcare Proxy?

Answer: No
17. Do you have a Durable Power of Attorney? Answer: No
18. Do you have an Advance Directive? Answer: No
Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that _____ for your household? Answer: Sometimes True
Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that _____ for your household? Answer: Sometimes True

Activities of Daily Living
19. Do you have any difficulty with the following activities? A. Getting in or out of bed Answer: No B. Getting in or out of chairs Answer: No C. Toileting Answer: No D. Bathing Answer: No E. Dressing Answer: No F. Eating Answer: No G. Walking Answer: No H. Going up or down stairs Answer: Need Some Help How many stairs can you climb Answer: None Comment: takes elevator and walks with walker

Medical History

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

Answer: Walker

21. Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist	lung cancer diagnosis	

22. In the past 12 months how many times have you?

A. Seen your PCP

Answer: None

B. Visited the Emergency Room

Answer: 5 or more

If one or more, describe

Answer: mental health issues and shortness of breath, pulmonary edema

C. Stayed in the hospital overnight

Answer: 5 or more

If one or more, describe

Answer:

D. Been in a nursing home

Answer: None

E. Had Surgery

Answer: None

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

Answer: Yes

Describe

Answer: various mental health issues, diverticulitis took out part of small intestines several years ago. Has issues with bowel incontinence.

24. In the past year have you received health services from any of the providers below:

Physical Therapist

Answer: No

Occupational Therapist

Answer: No

Dietician

Answer: No

Social Worker

Answer: Yes

Pharmacist

Answer: No

Speech Therapist

Answer: No

Chiropractor

Answer: No

Personal Care Worker (HHA, CNA, PCA)

Answer: No

Meals on Wheels

Answer: Yes

25. In the past two years have you received any of the treatments below?

Chemotherapy

Answer: No

Catheter Care

Answer: No

Oxygen

Answer: Yes

Wound Care

Answer: No

Regular Injections

Answer: No

Tube Feedings

Answer: No

Family History

26. Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Sibling1	diabetes	
Mother	HTN	

Father	alcoholism	
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Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	Yes
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

28. Last colonoscopy if more than 2 years ago

Answer: Never

29. Screen for abnormal glucose / diabetes - age 40 - 70

Answer: Yes

30. One time screen for Abdominal Aortic Aneurysm if male with history of smoking, age 65 - 75

Answer: NA

31. One time screen for Hepatitis C if born between 1945 - 1965

Answer: No

32. Do you get Flu Vaccine each year?

Answer: No

33. Have you been vaccinated for Pneumonia?

Answer: No

34. Have you been vaccinated for Herpes Zoster?

Answer: No

Allergies / Medications

35. Allergies

Answer: yes

Substance	Reaction
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PCN, Codeine	
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Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-26	proair	90 mcg/1 -2 puffs	PO = By Mouth	PRN	Taking

36. Over the Counter Medications / Supplements

Answer: No

37. Chronic Use of

Answer: None

Comment:

38. Medication Compliance and Knowledge of Use and Disease

1. Do you ever forget to take your medicine?

Answer: Yes

2. Do you sometimes not pay enough attention to your medication?

Answer: Yes

3. Do you know the longterm benefit of taking your medicine as told to you by the doctor or pharmacist?

Answer: Yes

4. When you feel better do you sometimes stop taking your medicine?

Answer: Yes

5. Sometimes if you feel worse when you take your medicine do you stop taking it?

Answer: Yes

6. Do you sometimes forget to refill your prescription on time?

Answer: Yes

Review of Systems and Diagnoses

EYES

Eye Problems (Glaucoma, Cataracts, Macular Degeneration, Blindness, Retinal Detachment, Other)

Answer: No

Do you wear glasses or contacts?

Answer: Yes

Comment: reading glasses, has n

Do you have trouble seeing even with glasses?

Answer : No

Do you have problems seeing at night?
Answer:

EARS

Ear Problems (Hard of hearing, Deaf, Vertigo, Ear Infections)
Answer: No

NOSE

Nose Problems (Nose Bleeds, Sinus infections, Other)
Answer: No

MOUTH AND THROAT

Mouth and Throat Problems (Difficulty Chewing, Difficulty Swallowing, Bleeding Gums, Other)
Answer: No

NECK

Neck Problems (parotid Disease, Carotid Stenosis, Other)
Answer: No

RESPIRATORY

Respiratory Problems (COPD, Emphysema, Asthma, Chronic Bronchitis Pneumonia, Other)
Answer: Yes
Comment: Lung CA small cell cancer and pulmonary edema, wheezing, cough, positive CT scan

Diagnoses

Pneumonia

Describe
Answer: History of

Supported by
Answer: Hospitalization

Etiology
Answer: Other Bacterial

History / finding of Lung abscess
Answer: No

History / finding of Empyema
Answer: No

Sleep Apnea

Describe

Answer: Active
Comment: does not have C-pap

Supported by

Answer: Positive sleep studies, History of sleepiness during the day

Use of Oxygen

Answer: No

Shortness of breath

Answer: Yes

Wheezing

Answer: Yes

Chronic Cough

Answer: Yes

Patient requires durable medical equipment

Answer: Yes
Comment: supposed to use c-pap but does not have one

CARDIOVASCULAR

Cardiovascular (Hypertension, Angina, Ischemic Heart Disease(CAD), Myocardial Infarction, Other)

Answer: Yes

Diagnoses

Hypertension

Describe

Answer: Active

Supported by

Answer: Other

Other

Describe

Answer: patient used to take medication for high blood pressure, cannot recall what it was, no longer takes.

Adequately controlled

Answer: UnKnown

History of Chest Pain

Answer: No

History of Intermittent Claudication

Answer: No

Implanted Pacemaker

Answer: No

Implanted Defibrillator

Answer: No

Do you have abnormal heart beats?

Answer: No

Does your heart race?

Answer: No

Do you sleep on more then one pillow?

Answer: No

have you ever have fluid in your lungs?

Answer: No

Do your legs or ankles swell up?

Answer: No

Do you follow a special diet?

Answer: No

Do you have headaches?

Answer: No

Do you feel light headed when you stand up?

Answer: No

GASTROINTESTINAL

Gastrointestinal Problems (Ulcer, Reflux, Hiatal Hernia, Colitis, Other)

Answer: Yes

Diagnoses

Diverticulitis

Describe

Answer: History of

Supported by

Answer: Other

Other

Describe

Answer:

Abscess

Answer: No

Perforation

Answer: No

On a high fiber diet

Answer: No

History of blood in stool

Answer: Yes

History of black stools

Answer: No

History of Heartburn / Dyspepsia

Answer: No

History of Vomiting or Regurgitation

Answer: No

History of pain after eating

Answer: No

History of Jaundice

Answer: No

Do you follow a special diet?

Answer: No

Do you have frequent abnormal abdominal pain?

Answer: No

Do you have intermittent nausea or vomiting?

Answer: No

Do you have trouble with constipation?

Answer: No

Does diarrhea limit your ability to get out of the room or socially?

Answer: No

Do you see blood in your urine?

Answer: No

Do you have Frequent Stomach Pain

Answer: No

Bowel Movements

Answer: Abnormal

If abnormal

Answer: Diarrhea

If Diarrhea

Answer: Chronic

Comment: once or twice a month since her bowel resection several years ago. Used to

<p>wear briefs but no longer wears them.</p> <p>If Diarrhea, history of C Difficile</p> <p>Answer: No</p>
<p>Abdominal Openings</p> <p>Answer: No</p>
<p>Rectal Problems</p> <p>Answer: No</p>
<p>Last Bowel Movement</p> <p>Answer: Today</p>
<p>NEURO-PSYCH</p> <p>Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other)</p> <p>Answer: Yes</p> <p>Diagnoses</p> <p>Depression</p> <p>Describe</p> <p>Answer: Active</p> <p>Supported by</p> <p>Answer: Symptoms</p> <p>Major</p> <p>Answer: Yes</p> <p>Supported by</p> <p>Answer: Hospitalization</p> <p>Schizophrenia</p> <p>Describe</p> <p>Answer: Active</p> <p>Supported by</p> <p>Answer: Affect, Medication</p> <p>Comment: No longer taking, Envega shot, last shot was in July</p>
<p>Are you nervous, anxious, feel on the edge or often feel stressed?</p> <p>Answer: Yes</p> <p>Do you worry too much about different things?</p> <p>Answer: Yes</p> <p>Do you feel afraid that something bad might happen?</p> <p>Answer: Yes</p> <p>History of headaches</p> <p>Answer: No</p>

History of auditory hallucinations

Answer: Yes

History of visual hallucinations

Answer: Yes

History of psychotic behavior

Answer: No

History of episodes of delirium

Answer: No

Do you follow a special diet?

Answer: No

Do you have any weakness or deformity in your arms or legs that limits your ability to get around or do what you want to do?

Answer: Yes

Comment: right leg chronic pain

Do you have trouble swallowing your food?

Answer: No

Do you have trouble making people understand you when you speak?

Answer: No

Do you trouble understanding what people say to you?

Answer: No

Do your hands shake?

Answer: No

Do you have convulsions and seizures?

Answer: No

Do you have trouble with your memory?

Answer: No

Do you have trouble finding words?

Answer: No

Do you have trouble sleeping?

Answer: No

Have you lost your appetite

Answer: No

Do you hear voices or see things that other people do not

Answer: No

Do you have highs and lows

Answer: No

Do you ever feel like someone is out to get you

Answer: No	
How often do you go out to meet with family or friends Answer: Never	
GPCOG Score or MMSE Score	
GPCOG Score	
or MMSE Score	
If GPCOG or MMSE is not done, is	
Patient oriented to person Answer: Yes	
Patient oriented to place Answer: Yes	
Patient oriented to time Answer: Yes	
Recall Answer: Good	
Patient describes recent news event Answer: Yes	
Affect Answer: Abnormal	
If abnormal, Answer: Depressed	
Over the past 2 weeks, how often have you been bothered by any of the following problems?	
Little interest or pleasure in doing things Answer: More than half the days	
Feeling down, depressed or hopeless Answer: More than half the days	
PHQ 2 Score : 3 or More	
DEPRESSION SCREENING PHQ9	
Having little interest or pleasure in doing things? Answer: More than half the days	
Feeling down, depressed or hopeless at times? Answer: More than half the days	

<p>Do you have trouble falling or staying asleep, sleeping too much?</p> <p><i>Answer:</i> More than half the days</p> <p>Do you feeling tired or having little energy?</p> <p><i>Answer:</i> More than half the days</p> <p>Do you have a poor appetite or overeating?</p> <p><i>Answer:</i> More than half the days</p> <p>Feeling bad about yourself or that you are a failure or have let yourself or your family down?</p> <p><i>Answer:</i> More than half the days</p> <p>Trouble concentrating on things, such as reading the newspaper or watching TV?</p> <p><i>Answer:</i> More than half the days</p> <p>Moving or speaking so slowly that other people have noticed. Or opposite-being fidgety or restless that you have been moving around a lot more than usual?</p> <p><i>Answer:</i> More than half the days</p> <p>Thoughts that you would be better off dead, or hurting yourself?</p> <p><i>Answer:</i> More than half the days</p> <p>PHQ 9 Score : 22</p> <p><i>If Score is Greater than 15, recommend additional treatment</i></p>
<p>Speech</p> <p><i>Answer:</i> Normal</p>
<p>Finger to Nose</p> <p><i>Answer:</i> Normal</p>
<p>Heel (Shin) to Toe</p> <p><i>Answer:</i> Normal</p>
<p>Thumb to Finger Tips</p> <p><i>Answer:</i> Normal</p>
<p>Sitting to Standing</p> <p><i>Answer:</i> Normal</p>
<p>Facial / Extremity Movement</p> <p><i>Answer:</i> Normal</p>
<p>Gait</p> <p><i>Answer:</i> Other (Findings may also apply to Musculoskeletal diagnoses)</p> <p><i>Comment:</i> slow with walker</p>
<p>GENITOURINARY</p>

Genitourinary Problems (Overactive Bladder, Urinary Incontinence Stress Incontinence, Benign Prostatic Hypertrophy, Others)

Answer: No

MUSCULOSKELETAL

Musculoskeletal Problems (Spinal Stenosis, Rheumatoid Arthritis, Gout, Osteoporosis, Others)

Answer: Yes

Diagnoses

Hammer Toes

Describe

Answer:

Supported by

Answer:

Osteoarthritis

Describe

Answer: Active

Supported by

Answer: Symptoms, Physical Findings

Which joints

Answer: right knee, history of trauma and surgery. Patient has surgical scar

Spinal Stenosis

Describe

Answer: Active

Comment: lumbar stenosis

Supported by

Answer: Symptoms

Normal bladder and bowel function

Answer: Yes

History / Finding of non- extremity Fracture

Answer: No

History / Finding of Hip Fracture / Dislocation

Answer: No

History / Finding of Vertebral Fracture

Answer: No

Do you have any swelling of your joints?

Answer: Yes

Comment: right knee

Answer: No

Met with a diabetic educator

Answer: No

Do you periodically experience shakiness, lightheadedness, sweating, confusion, or blurred vision?

Answer: Yes

Do you often feel thirsty?

Answer: Yes

Do you have numbness or burning in your legs or feet?

Answer: No

Do you get pains in your leg or feet when you walk?

Answer: Yes

Do you get ulcers on your legs or feet?

Answer: No

Do you feel sluggish?

Answer: Yes

Do you sweat a lot or constantly feel hot?

Answer: No

Have you been told your kidneys are not working right, failing or shutting down?

Answer: No

Have you ever had dialysis?

Answer: No

Is your skin itchy?

Answer: No

Do you test your blood sugar?

Answer: No

Have you lost weight in the past 6 months?

Answer: None

HEMATOLOGY / IMMUNOLOGY / INFECTIOUS DISEASE

Hematology / Immunology / Infection Disease Problems (Anemia, easy bruising or abnormal bleeding Thrombocytopenia , Other)

Answer: No

CANCER

Diagnosis of Cancer

Answer: Yes

Describe

Answer : Active

Supported by

Answer : Physical findings, Imaging studies

Type

Answer : Lung

Specific type/s

Answer : small cell

Stage or Classification specific to the cancer

Answer : unknown

Active treatment

Answer : No

History / Finding of Metastasis

Answer : No

Do you see a specialist?

Answer : Yes

Provider

Answer : has been provided a name to call provider and schedule appointment

Pain

Does the patient experience pain?

Answer: No

Vital Signs

Vital Signs

Blood Pressure	138/82 mmHG
Pulse	104 bpm
Respiratory Rate	18
Temp	97.8
Pulse Oximetry	97
Pain Scale /10	0/10

BMI

Comment:

Patients Height	5 feet 6 inch
Patients Weight	241 lbs
BMI	38.9

Obesity Level <i>Answer: Moderate Obesity (BMI 35 – 39.9)</i>

Exam Review
Constitutional General appearance: <i>Answer: Normal</i>
Head and Face Examination of head and face: <i>Answer: Normal</i> Palpation of the face and sinuses: <i>Answer: Normal</i>
Eyes Inspection of conjunctiva and lids: <i>Answer: Normal</i> Examination of pupils and irises: <i>Answer: Normal</i>
Ears, Nose, Mouth and Throat External Inspection of ears and nose: <i>Answer: Normal</i> Otoscopic examination: <i>Answer: Normal</i> Assessment of hearing: <i>Answer: Normal</i> Inspection of nasal mucosa, septum and trubينات: <i>Answer: Normal</i> Inspection of lips, teeth and gums: <i>Answer: Normal</i> Examination of oropharynx: <i>Answer: Normal</i>

Neck
Examination of neck: <i>Answer: Normal</i>
Examination of thyroid: <i>Answer:</i> <i>Comment: deferred</i>

Pulmonary
Assessment of respiratory effort: <i>Answer: Normal</i>
Percussion of chest: <i>Answer: Abnormal</i>
Palpation of chest: <i>Answer: Normal</i>
Auscultation of lungs: <i>Answer: Abnormal</i> <i>Comment: wheezes throughout</i>

Cardiovascular
Palpation of heart: <i>Answer: Normal</i>
Auscultation of heart: <i>Answer: Normal</i>
Carotid Arteries: <i>Answer: Normal</i>
Abdominal Aorta: <i>Answer: Normal</i>
Pedal Pulses: <i>Answer: Normal</i>
Examination of Arterial Pulses: <i>Answer: Normal</i>
Examination of Edema / Varicosities: <i>Answer: Normal</i>

Lymphatic
Palpation of cervical nodes (neck) <i>Answer: Normal</i>
Palpation of preauricular nodes (in front of the ears) <i>Answer: Normal</i>
Palpation of Submandibular nodes (under jaw line/chin) <i>Answer: Normal</i>

Musculoskeletal
Examination of gait and station: <i>Answer: Abnormal</i> <i>Comment: patient walks with walker</i>
Inspection/palpation of digits and nails: <i>Answer: Abnormal</i> <i>Comment: toenails long, thick, needs podiatry to cut</i>
Inspection/palpation of joints, bones and muscles: <i>Answer: Abnormal</i> <i>Comment: swelling bilateral knees, moderate knee effusion noted</i>
Assessment of range of motion: <i>Answer: Abnormal</i> <i>Comment: painful ROM with extension and flexion of knees</i>
Assessment of stability: <i>Answer: Abnormal</i> <i>Comment: patient walks with walker</i>
Assessment of muscle strength/tone: <i>Answer: Abnormal</i> <i>Comment: lower extremity 4/5</i>

Skin
Inspection of skin and subcutaneous tissue: <i>Answer: Abnormal</i> <i>Comment: dry and flaking skin lower extremities</i>
Palpation of skin and subcutaneous tissue: <i>Answer: Normal</i>

Neurologic
Indicate specific cranial nerve tested <i>Answer: II, III, IV, V</i>
Indicate cranial nerve deficits found <i>Answer: none</i>
Romberg Test <i>Answer: Normal</i>
Examination of reflexes: <i>Answer: Normal</i>
Examination of sensation: <i>Answer: Abnormal</i> <i>Comment: decreased lower extremity feet</i>
Coordination: <i>Answer: Normal</i>

Diabetes
Foot Exam: <i>Answer: Abnormal</i> <i>Answer: Bilateral</i>

Psychiatric
Description of patient's judgement / insight: <i>Answer: Abnormal</i> <i>Comment: patient has schizophrenia and depression, she does have a case manager to help her with housing and other needs such as meals on wheels. She has not however called her pulmonologist for management of her new diagnosis. She also has not been to see her primary care doctor.</i>
Orientation of person, place and time: <i>Answer: Normal</i>
Recent and remote memory: <i>Answer: Normal</i>
Mood and affect: <i>Answer: Abnormal</i> <i>Comment: flat</i>

Screenings Needed									
Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	Select			Select				
HBA1C	Yes	Left Kit	77002736	77002736	Select			Z13.1	
MICROALBUMIN	Yes	Left Kit	37278406	37278406	Select			Z13.220	
FOBT	Yes	Left Kit	33716236	33716236	Select				
DEXA	N/A	Select			Select				
PAD	Yes	Completed Kit with Member			Select		Right foot: 0.41-significant disease Left foot: 0.25 significant disease	Peripheral arterial disease	
LDL	No	Select			Select			Z13.220	

Mini-Cog	
Word List Version	1
Person's Answers	banana, sunrise, chair
Word Recall	3
Clock Draw	0
Total Score	3

Home Safety & Personal Goals
40. In the past year how many times have you Fallen? Answer: None

41. Home Safety

a. Do you have obstacles in the house, loose small rugs or objects on the floor that could cause tripping?

Answer: No

b. Do you have electrical cords running across floors, in doorways or under a rugs?

Answer: No

c. Do you have no slip mats on the shower floor or bath tub?

Answer: No

d. Do have adequate lighting in hallways and on the stairs?

Answer: No

e. Do you have handrails on staircases?

Answer: Yes

f. Is your hot water heater set for a maximum of 120 degrees?

Answer: No

g. Do you have smoke detectors on each level of the house and in all sleeping a rooms?

Answer: Yes

h. Do you have carbon Monoxide detectors on each level of the house?

Answer: No

i. Have used established an escape route in the event of fire?

Answer: No

Comment: patient uses a walker and has to take elevator

42. Are there things about yourself you wish you could change or improve?

Answer: yes, I wish I didn't have cancer, this scares me. I want a permanent place to live.

43. Is there anything that you could do to improve your quality of life?

Answer: Getting out of this hotel and transportation

44. Have you ever physically or felt emotionally abused by someone

Answer: Yes

Comment: patient states she suffered abuse as child


45. Feeling like harming others or yourself

Answer: No

Comment: She denies being homicidal or suicidal

46. Are you afraid of anyone or is anyone hurting you?

Answer: No

Patient Summary	
Assessors Comments	<p>Mental health skills builder with caritas, apparently this is her case worker. From what this evaluator can ascertain this is for management of her mental health and also for housing and food needs. Apparently they have coordinated meals on wheels and are looking for more stable housing for patient as she is at the Days Inn currently where assessment is taking place.</p> <p>Dr. Aeisha Habib primary care has not seen in over a year. Subsequently she has not taken any of her medications. During her last hospital stay in January she was diagnosed with lung cancer on CT. She was provided a pulmonologist card to make an appointment. She says that her primary has not called her regarding her new diagnosis. Evaluator offered to call with her and she said she would call and declined assistance in setting appointment. Has recent lung cancer diagnosis within last 3 months.</p> <p>Also needs diabetic eye exam.</p> <p>Needs to call oncologist referral for lung ca management, was diagnosed 3 months ago.</p> <p>Podiatry</p> <p>briefs for periods of incontinence.</p>
Member informed of acknowledgment	true
Date/Time of Service/ Evaluation :	
Time exam finished	
Provider Signature	<div><div>Greta Bakanowski</div><div><div>Digitally signed by Greta Bakanowski, FNP 2021-05-03, 10:59</div></div></div>
Addendum	
Member Acknowledgment	<p>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 evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event of an emergency, call 911</p>
Disclosure Statement	

	<p>Your health plan has asked Focus Care to conduct, on its behalf, health assessments on its patients. The health assessment includes questions to help your health plan learn more about your current health status, including potential health risks. This information will help your health plan and your physician help you maintain or achieve your best state of health.</p>
	<p>Generally, your personal health information (PHI) may only be used and disclosed by us with your express written authorization. Focus Care has implemented several security measures to protect your PHI from being released orally, in writing, or electronically. Additional information about these safeguards are available upon request.</p>
	<p>Treatment Purposes. We may disclose medical information about you to other health care providers who are or will be involved in taking care of you. For example, the results of your health assessment will be sent to your health plan. Your health plan will use this information to identify your health needs and offer available programs to you. Your health plan shares your completed health risk assessment with your physician.</p>
	<p>Payment Purposes. We may use or disclose your medical information for payment purposes. It is necessary for us to disclose your completed health assessment to your health plan so that we may bill and receive payment for this service.</p>
	<p>Health Care Operations. We may use and disclose your personal health information in order for us to conduct our healthcare business, which is administration of the health assessment on behalf of your health plan.</p>
	<p>Other uses and disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of such law.</p>
	<p>In addition, we may release your personal health information to third party 'business associates' who perform various activities for us, such as billing or electronic transmissions of PHI. Whenever our arrangement with a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.</p>
	<p>Your agreement to participate with the health assessment implies your consent to provide the results</p>

	of your health assessment to your health plan.
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