

HRA Form

Plan :	VPHP - VIRGINIA PREMIER
Program :	Medicare
LOB :	DSNP
Region :	ROANOKE/ALLEGHANY
Aligned :	Y
Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	JUDY S LEE
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1953-07-21
Evaluation Date :	
Visit Type :	

Demographics	
Name	JUDY S LEE
Gender	Female
Address	1009 ALVIEW AVE NW
City	ROANOKE
State	VA
Zip	240129999
Date of Birth	1953-07-21
Age(as of date)	67
Marital Status	Single
Member Identification Number	11005869
HICN	2NA2MF2HU84
Phone Number	5405952702
Cell Number	
Email	
Emergency Contact	Juarez Lee
Phone Number	540-595-2702
Primary Care Physician	GLENNEY, ROBERT
Phone Number	5402541239
PCP Address	18080 Main St
PCP City	Buchanan

PCP State	VA
PCP Zip	240665482
PCP County	
Office ID	P0117377
Office Name	CARILION FAMILY MEDICINE BUCHANAN

1. Race

Answer: African American

Patient's Ethnicity

Answer:

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 <i>Answer:</i> Somewhat difficult
6. How confident are you in filling out medical forms by yourself? <i>Answer:</i> Not at All Confident
7. How would you rate your health compared to other persons your age? <i>Answer:</i> Good
8. During past 3 months, has your physical and or emotional health limited your social activities with family, friends, neighbours or groups? <i>Answer:</i> Almost Never
9. Where do you currently live? <i>Answer:</i> Home
10. Do you have someone you can rely on to help if you are sick or have problems you need to discuss? <i>Answer:</i> Yes
11. Who do you currently live with? <i>Answer:</i> Relative <i>Comment:</i> Brother, not Juarez
12. Are you currently a caregiver for someone? <i>Answer:</i> No
13. Tobacco use <i>Answer:</i> Never
14. Alcohol Use <i>Answer:</i> Never
15. Do you or have you used recreational drugs or pain medication? <i>Answer:</i> No
16. Do you have a Healthcare Proxy? <i>Answer:</i> Yes Name <i>Answer:</i> Juarez Lee Relationship <i>Answer:</i> brother
17. Do you have a Durable Power of Attorney? <i>Answer:</i> Yes Name <i>Answer:</i> Juarez Lee

Relationship <i>Answer:</i> brother
18. Do you have an Advance Directive? <i>Answer:</i> 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? <i>Answer:</i>
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? <i>Answer:</i>

Activities of Daily Living
19. Do you have any difficulty with the following activities? A. Getting in or out of bed <i>Answer:</i> No B. Getting in or out of chairs <i>Answer:</i> No C. Toileting <i>Answer:</i> No D. Bathing <i>Answer:</i> No E. Dressing <i>Answer:</i> No F. Eating <i>Answer:</i> No G. Walking <i>Answer:</i> No H. Going up or down stairs <i>Answer:</i> No

Medical History
20. Do you use any assistive devices? (Check device or none if no devices used) <i>Answer:</i> Cane
21. Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Neurologist	Carilion Riverside	seizures

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

A. Seen your PCP

Answer: 1

B. Visited the Emergency Room

Answer: 1

If one or more, describe

Answer: Fell while walking in downtown Buchanan, seen following fall

C. Stayed in the hospital overnight

Answer: 1

If one or more, describe

Answer: for fall

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: Previously hospitalized for seizures

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: No

Pharmacist

Answer: No

Speech Therapist

Answer: No

Chiropractor

Answer: No

Personal Care Worker (HHA, CNA, PCA)

Answer: No

Meals on Wheels

Answer: No

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

Chemotherapy

Answer: No

Catheter Care

Answer: No

Oxygen

Answer: No

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
Father	Cancer	
Mother	CAD, DM	
Sibling1	Mult siblings w/DM	

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	No

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

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

Comment: Had first Pfizer COVID vaccine on 2/26/2021

33. Have you been vaccinated for Pneumonia?

Answer: No

34. Have you been vaccinated for Herpes Zoster?

Answer: No

Allergies / Medications

35. Allergies

Answer: No

Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-03-07	Oxcarbazepine liq 300 mg/5 ml	10 ml	PO = By Mouth	BID	Taking
2021-03-07	Levetiracetam liq 100 mg/ml	5 ml	PO = By Mouth	BID	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
Comment: Brother Juarez Lee states that this used to be a significant issue, but has worked with her to improve compliance

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: No

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

Answer: No

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

Answer: No

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: Yes

Diagnoses

Difficulty with vision

Describe

Answer: Active

Legally Blind

Answer: No

Do you wear glasses or contacts?

Answer: Yes

Comment: bifocals

Do you have trouble seeing even with glasses?

Answer : No

Do you have problems seeing at night?

Answer: No

Do you have eye pain?

Answer: No

Do you have problems with tearing?

Answer: Yes

Do you have a problem with dry eye?

Answer: No

EARS

Ear Problems (Hard of hearing, Deaf, Vertigo, Ear Infections)

Answer: Yes

Diagnoses

Difficulty with Hearing

Describe

Answer: Active

Do you have trouble hearing when people talk to you?

Answer: Yes

Do you wear a hearing aid?

Answer: Yes

How often do you wear it

Answer : All of the time

Do you still have trouble hearing with it?

Answer : Yes

Comment: left ear only

Do you read lips?

Answer: No

Do you have ear pain or drainage?

Answer: No

Do you ever get dizzy?

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: Yes

Diagnoses

Other

Describe

Answer: Active

Supported by

Answer: History, Symptoms

Other

Answer: Has had teeth pulled, implants

NECK

Neck Problems (parotid Disease, Carotid Stenosis, Other)

Answer: No

RESPIRATORY

Respiratory Problems (COPD, Emphysema, Asthma, Chronic Bronchitis Pneumonia, Other)

Answer: No

CARDIOVASCULAR

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

Answer: No

GASTROINTESTINAL

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

Answer: No

Bowel Movements

Answer: Normal

Abdominal Openings

Answer: No

Rectal Problems

Answer: No

Last Bowel Movement

Answer: 1-3 days ago

NEURO-PSYCH

Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other)

Answer: Yes

Diagnoses

Cerebral Palsy

Describe

Answer: Active

Supported by

Answer: History

Seizure Disorder

Describe

Answer: Active

Supported by

Answer: History of recurrent seizures, Medications

Are you nervous, anxious, feel on the edge or often feel stressed?

Answer: Yes

Do you worry too much about different things?

Answer: No

Do you feel afraid that something bad might happen?

Answer: No

History of headaches

Answer: No

History of auditory hallucinations

Answer: No

History of visual hallucinations

Answer: No

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: No

Answer: No

Answer: Yes

Answer: Yes

Answer: No

Answer: Yes

Answer: No

Answer: No

Answer: No

Answer: No

Answer: No

Answer: No

Answer: No

Answer: Often

or MMSE Score

Patient oriented to time

<div>Answer: Yes</div> <div>Recall</div> <div>Answer: Poor</div> <div>Patient describes recent news event</div> <div>Answer: No</div>
<div>Affect</div> <div>Answer: Normal</div>
<div>Over the past 2 weeks, how often have you been bothered by any of the following problems?</div> <div>Little interest or pleasure in doing things</div> <div>Answer: Not at all</div> <div>Feeling down, depressed or hopeless</div> <div>Answer: Not at all</div> <div>PHQ 2 Score : <3</div>
<div>Speech</div> <div>Answer: Slurred</div>
<div>Finger to Nose</div> <div>Answer: Normal</div>
<div>Heel (Shin) to Toe</div> <div>Answer: Normal</div>
<div>Thumb to Finger Tips</div> <div>Answer: Normal</div>
<div>Sitting to Standing</div> <div>Answer: Normal</div>
<div>Facial / Extremity Movement</div> <div>Answer: Normal</div>
<div>Gait</div> <div>Answer: Normal</div>
<div>GENITOURINARY</div> <div>Genitourinary Problems (Overactive Bladder, Urinary Incontinence Stress Incontinence, Benign Prostatic Hypertrophy, Others)</div> <div>Answer: No</div>

MUSCULOSKELETAL

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

Answer: Yes

Diagnoses

Osteoarthritis

Describe

Answer: Active

Supported by

Answer: Symptoms

Which joints

Answer: Right knee pain

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: No

Do you experience stiffness in the morning or during the day?

Answer: No

Do you have pain in your joints?

Answer: Yes

Comment: Right knee

Do you have a problem straightening any joints?

Answer: No

Does pain and or swelling in your joints limit your activities?

Answer: No

Have you broken bones(fractures) in any parts of your body?

Answer: No

Do you have constant pain in your bones?

Answer: No

Have you had an amputation?

Answer: No

INTEGUMENT

Integument Problems (Eczema, Psoriasis, Dermatitis, Urticaria, Other)

Answer: No

ENDOCRINE

Endocrine Problems

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: Yes

Diagnoses

Anemia

Describe

Answer: History of

Supported by

Answer: Other

Other

Describe

Answer: Medical record

Etiology

Answer:

Comment: Unknown

If yes, Patient on

Answer:

Easy bruising or abnormal bleeding

Answer: No

Long term anticoagulation use

Answer: No

CANCER

Diagnosis of Cancer

Answer: No

Pain

Does the patient experience pain?

Answer: Yes

Is the Pain Acute?

Answer: No

Is the Pain Chronic?

Answer: Yes

Describe

Answer: Active

Where

Answer: Right knee intermittently

Do you take Methadone

Answer: No

What drug/s do you take for it

Answer: none

How bad is your pain on a scale of one to ten with one being very mild and ten being severe

Answer: she was unable to rate pain

Is the Patient Undergoing Pain Management Planning?

Answer: No

Was the patient advised regarding the potential for dependence?

Answer: No

Is there any evidence of Maladaptive Behavior?

Tolerance?

Answer: No

Withdrawal?

Answer: No

Increased usage over a longer period that intended?

Answer: No

Desire or unsuccessful effort to cut down on use?

Answer: No

Excess time spent in activities to obtain the substance?

Answer: No

Continued use despite Doctor advice or patient knowledge of habituation?
Answer: No

Physical or Psychological Problem related to the substance use?
Answer: No

Vital Signs

Vital Signs

Blood Pressure	188/102 mmHG
Pulse	92 bpm
Respiratory Rate	12
Temp	98.1
Pulse Oximetry	95
Pain Scale /10	0

BMI

Comment:

Patients Height	5 feet 6 inch
Patients Weight	140 lbs
BMI	22.6

Exam Review

Constitutional

General appearance:
Answer: Normal

Head and Face

Examination of head and face:
Answer: Normal

Palpation of the face and sinuses:
Answer: Normal

Eyes

Inspection of conjunctiva and lids:
Answer: Normal

Examination of pupils and irises:
Answer: Normal

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: Abnormal</i> <i>Comment: Difficulty hearing even with hearing aid, feels that battery is low</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: Normal</i>

Pulmonary
Assessment of respiratory effort: <i>Answer: Normal</i>
Percussion of chest: <i>Answer: Normal</i>
Palpation of chest: <i>Answer: Normal</i>
Auscultation of lungs: <i>Answer: Normal</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: Normal</i>
Inspection/palpation of digits and nails: <i>Answer: Normal</i>
Inspection/palpation of joints, bones and muscles: <i>Answer: Normal</i>
Assessment of range of motion: <i>Answer: Normal</i>
Assessment of stability: <i>Answer: Normal</i>
Assessment of muscle strength/tone: <i>Answer: Normal</i>

Skin
Inspection of skin and subcutaneous tissue: <i>Answer: Normal</i>
Palpation of skin and subcutaneous tissue: <i>Answer: Normal</i>

Neurologic
Indicate specific cranial nerve tested <i>Answer: CN II, CN III, CN V, CN VI, CN VII, CN VIII, CN X, CN XI, CN XII</i>
Indicate cranial nerve deficits found <i>Answer: All grossly intact with exception of hearing loss</i>
Romberg Test <i>Answer: Normal</i>
Examination of reflexes: <i>Answer: Normal</i>
Examination of sensation: <i>Answer: Normal</i>
Coordination: <i>Answer: Normal</i>

Diabetes
Foot Exam: <i>Answer: Normal</i>

Psychiatric
Description of patient's judgement / insight: <i>Answer: Abnormal</i> <i>Comment: Unable to fully assess</i>
Orientation of person, place and time: <i>Answer: Normal</i>
Recent and remote memory: <i>Answer: Normal</i>
Mood and affect: <i>Answer: Normal</i>

Screenings Needed									
Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RE TINAL_EXAM	No	Select			Select				
HBA1C	No	Select			Select				
MICRO ALBUM IN	No	Select			Select				
FOBT	Yes	Left Kit	33000 2766	33000 2766	Select			r/o bleeding	
DEXA	N/A	Select			Select				
PAD	No	Select			Select				
LDL	No	Select			Select				

Mini-Cog	
Word List Version	1
Person's Answers	
Word Recall	0
Clock Draw	0
Total Score	0
Comment: Did not comprehend instructions. Drew several circles, no clock. Was able to repeat words, but no recall	

Home Safety & Personal Goals
40. In the past year how many times have you Fallen? Answer: Once Do you worry about falling or feeling unsteady when standing or walking Answer: Yes

Comment: Only when walking outside or downtown

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

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: Yes

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

Answer: Yes

e. Do you have handrails on staircases?

Answer: Yes

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

Answer: Yes

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: Yes

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

Answer: Yes

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

Answer: Would like to work

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

Answer: Being able to get out more

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

Answer: No

45. Feeling like harming others or yourself

Answer: No

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

Answer: No

Patient Summary

Assessors Comments	Ms. Lee is a pleasant 67 yo female with hx of cerebral palsy and seizure disorder. She was seen today with her brother Juarez Lee who is her health proxy/POA. He assisted with medical history as she did not always comprehend the questions and was having difficulty hearing even with her hearing aid. FOBT kit was left, brother was provided instructions, he stated that he was familiar with the kit as he had performed one himself.
Member informed of acknowledgment	true
Date/Time of Service/ Evaluation :	2021-03-07T12:10
Time exam finished	2021-03-17T01:15
Provider Signature	<div><div>Maribeth Capuno</div><div>Digitally signed by Maribeth Capuno, NP 2021-03-07, 17:24</div></div>
Addendum	
Member Acknowledgment	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
Disclosure Statement	<div><div>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.</div><div>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</div></div>

	<p>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 of your health assessment to your health plan.</p>