

HRA Form

Plan :	VPHP - VIRGINIA PREMIER
Program :	Medicare
LOB :	DSNP
Region :	SOUTHWEST
Aligned :	Y
Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	SUSAN E GILLS
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1957-09-02
Evaluation Date :	
Visit Type :	In Person

Demographics	
Name	SUSAN E GILLS
Gender	Female
Address	678 INDUSTRY RD
City	NORTH TAZEWELL
State	VA
Zip	246309999
Date of Birth	1957-09-02
Age(as of date)	63
Marital Status	Widowed
Member Identification Number	11007822
HICN	8AU3C56MM92
Phone Number	2762453395
Cell Number	
Email	
Emergency Contact	Stephen Gills
Phone Number	304-325-7239
Primary Care Physician	THOMAS E BRINEGAR PC
Phone Number	2763263386
PCP Address	112 Spruce St
PCP City	Bluefield

PCP State	VA
PCP Zip	246051755
PCP County	
Office ID	P0124459
Office Name	THOMAS E BRINEGAR DO

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

13. Tobacco use

Answer: Current

Type

Answer:Cigarettes

How Many

Answer: Other

Describe

Answer : used to smoke a half a pack per day and states that she still smokes a cigarette every now and then.

14. Alcohol Use

Answer: Never

Activities of Daily Living

19. Do you have any difficulty with the following activities?

A. Getting in or out of bed

Answer: Need Some Help

B. Getting in or out of chairs

Answer: Need Some Help

C. Toileting

Answer: Need Total Help

D. Bathing

Answer: Need Total Help

E. Dressing

Answer: Need Some Help

F. Eating

Answer: No

G. Walking

Answer: Need Some Help

How far can you walk

Answer: Household only

H. Going up or down stairs

Answer: Need Some Help

How many stairs can you climb

Answer: Three to five

Medical History

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

Answer: Cane , Bedside Commode , Bed Pan , Other

21. Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Pulmonologist	Unsure of the name	lungs

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

A. Seen your PCP

Answer: 1

B. Visited the Emergency Room

Answer: 4

If one or more, describe

Answer: colostomy - diverticulitis, broken hip (July 2020), COPD

C. Stayed in the hospital overnight

Answer: 4

If one or more, describe

Answer: colostomy - diverticulitis, broken hip (July 2020), COPD

D. Been in a nursing home

Answer: None

E. Had Surgery

Answer: 2

If one or more, describe

Answer: hip repair, colostomy placement (October/November 2020)

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

Physical Therapist

Answer: Yes

Occupational Therapist

Answer: Yes

Dietician

Answer: No

Social Worker

Answer: Yes

Pharmacist

Answer: Yes

Speech Therapist

Answer: No

Chiropractor

Answer: No

Personal Care Worker (HHA, CNA, PCA)

Answer: Yes

Comment: Her CNA lives with her.

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: Yes

Comment: 4L/min continuous

Wound Care

Answer: No

Regular Injections

Answer: Yes

Comment: Had to have injections daily for 3 weeks last year due to infection of her colostomy bag.

Tube Feedings

Answer: No

Family History

26. Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	heart disease	heart attack
Mother	unknown	unsure - possible broken heart - thinks that she committed suicide
Sibling1	5 brothers - heart disease, DM, colostomy bag, lung cancer, heart attack,	still living
Sibling2	sister - gastric bypass	sepsis

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	Yes
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	Yes

Allergies / Medications

35. Allergies

Answer: yes

Substance	Reaction
Penicillin & Demerol	swelling

Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-30	Vitamin D	5000 units	PO = By Mouth	QD	Taking
2021-04-30	Prilosec	20mg	PO = By Mouth	QD	Taking
2021-04-30	Zocor	20mg	PO = By Mouth	QD	Taking
2021-04-30	Singulair	10mg	PO = By Mouth	QPM	Taking
2021-04-30	Claritin	10mg	PO = By Mouth	QD	Taking
2021-04-30	Simbicort	160/4.5mcg	PO = By Mouth	QD	Taking
2021-04-30	ProAir	180mcg	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: No

2. Do you sometimes not pay enough attention to your medication?
Answer: No

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: 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: No

Review of Systems and Diagnoses

EYES

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

Diagnoses
Myopia
Describe
Answer: Active
Supported by
Answer: Glasses/ lenses

Do you wear glasses or contacts?
Answer: Yes

Do you have trouble seeing even with glasses?
Answer : Yes

Do you need help in and out of the house because you can't see well?
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: No

Do you have a problem with dry eye?
Answer: No

EARS

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

Answer: Yes

Diagnoses

Tinnitus

Describe

Answer: Active

Comment: bilateral ears - currently happening

Supported by

Answer: History, Symptoms

Do you have trouble hearing when people talk to you?

Answer: Yes

Do you wear a hearing aid?

Answer: No

Do you read lips?

Answer: No

Do you have ear pain or drainage?

Answer: No

Do you ever get dizzy?

Answer: Yes

Does the room spin?

Answer : No

Do you ever lose your balance?

Answer : Yes

NOSE

Nose Problems (Nose Bleeds, Sinus infections, Other)

Answer: Yes

Diagnoses

Chronic Post Nasal Drip

Describe

Answer: Active

Supported by

Answer: History, Medications

Comment: Claritin and Singular.

Nose Bleeds

Describe

Answer: History of

Comment: last happened 2 months ago due to her oxygen use and her nose getting dry

Sinus Infections

Describe

Answer: History Of

Supported by

Answer: History

Exudate

Answer: Clear

Other

Describe

Answer: Active

Supported by

Answer: History, Medications

Other

Answer: seasonal allergies - Claritin

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

Diagnoses

Chronic Respiratory Failure

Describe

Answer: Active

Supported by

Answer: Chronic use of O2 at >2L/min

COPD

Describe

Answer: Active

Supported by

Answer: O2 use, Brinchodilator medication

Has patient been told they have Chronic Bronchitis

Answer: No

Has patient been told they have Emphysema

Answer: Yes

Is patient on Bronchodilator

Answer: Yes

Comment: Taking Symbicort and ProAir

Route is

Answer: Inhaled

Is patient on Steroids

Answer: No

Does patient have current exacerbation

Answer: Yes

Supported by

Answer: Increased sputum production

Comment: States that when she gets up in the morning she coughs up clear sputum. Feels that the weather and pollen outside is making it worse

Hypoxemia

Describe

Answer: Active

Supported by

Answer: O2 saturation of <90% on room air

Use of Oxygen

Answer: Yes

Describe

Answer : Continuous

Litres / Min

Answer : 4L/Min

Shortness of breath

Answer: Yes

Comment: at baseline

Wheezing

Answer: Yes

Chronic Cough

Answer: Yes

Patient requires durable medical equipment

Answer: No

CARDIOVASCULAR

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

Answer: Yes

Diagnoses

Hyperlipidemia

Describe

Answer: Active

Supported by

Answer: Medication

Is patient on Statin

Answer: Yes

Comment: Taking Zocor

Other

Describe

Answer: History of

Supported by

Answer: History

Other

Answer: States that when she was in the hospital in November/December 2020 she was told that she had fluid on her heart.

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: Yes

Comment: sleeps on 2 pillows

have you ever have fluid in your lungs?

Answer: Yes

Do your legs or ankles swell up?

Answer: No

Do you follow a special diet?

Answer: No

Do you have headaches?

Answer: Yes

Do you feel light headed when you stand up?

Answer: Yes

GASTROINTESTINAL

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

Answer: Yes

Diagnoses

Bowel Obstruction

Describe

Answer: History of

Comment: Intussusception of her large intestine past November/December 2020

Supported by

Answer: Hospitalization, Other

Other

Describe

Answer: Patient had a colostomy placed and stated that there was a fistula of her vagina and large intestine.

Diverticulitis

Describe

Answer: Active

Supported by

Answer: Colonoscopy, Image studies

Abscess

Answer: No

Comment: Fistula was present

Perforation

Answer: No

On a high fiber diet

Answer: No

GERD

Describe

Answer: Active

Supported by

Answer: Medications

Comment: Taking Prilosec

History of blood in stool

Answer: No

History of black stools

Answer: No

History of Heartburn / Dyspepsia

Answer: Yes

Describe

Answer : Chronic

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

NEURO-PSYCH

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

Answer: Yes

Diagnoses

Generalized Anxiety Disorder

Describe

Answer: Active

Supported by

Answer: Symptoms

Comment: She stated that she took Buspar for 1 day and then stopped taking it because it made her cry. She told them that it was not working and the Doctor would not listen. Stated that she was on Xanax with her other doctor but they will not place her on it now.

Stroke

Describe

Answer: History of

Supported by

Answer: Other

Other

Describe

Answer: States that the doctor told her that she had a stroke and gave her an antibiotic and sent her home. This happened about 2 years ago. States that the doctor was foreign and she really did not understand what was being said to her.

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

Answer: Yes

Do you worry too much about different things?

Answer: Yes

Do you feel afraid that something bad might happen?

Answer: Yes

History of headaches

Answer: Yes

Symptoms with headaches of

Answer : Nausea / vomiting

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: Yes

Comment: overall muscle weakness

Do you have trouble swallowing your food?

Answer: Yes

Comment: sometimes

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

Answer: No

Do you trouble understanding what people say to you?

Answer: Yes

Do your hands shake?

Answer: Yes

Do you have convulsions and seizures?

Answer: No

Do you have trouble with your memory?

Answer: Yes

Comment: short term memory

Do you have trouble finding words?

Answer: Yes

Comment: sometimes

Do you have trouble sleeping?

Answer: No

Have you lost your appetite

Answer: Yes

Comment: unsure why. currently happening now.

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

Answer: No

Do you have highs and lows

Answer: Yes

Do you ever feel like someone is out to get you

Answer: No

GPCOG Score or MMSE Score

GPCOG Score	
or MMSE Score	

GENITOURINARY

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

Osteoporosis

Describe

Answer: Active

Supported by

Answer: DEXA scan

Comment: She thinks it was when her hip broke the scan was performed. She stated that she was taking Alendronate but when she came home from the hospital in November/December 2020 they took her off of it.

Other

Describe

Answer: Active

Supported by

Answer: History, Symptoms

Other

Answer: all over muscle weakness but states that the left side is worse than the right.

History / Finding of non- extremity Fracture

Answer: No

History / Finding of Hip Fracture / Dislocation

Answer: Yes

Describe

Answer : History of

Supported by

Answer : Surgery

Comment: performed last July 2020

Describe

Answer : Traumatic

Describe

Answer : Left

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: No

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: Yes

Diagnoses

Other

Describe

Answer: Active

Supported by

Answer: History, Symptoms

Other

Answer: extremely dry skin all over - uses regular lotion

Do you have ulcers or wounds that require dressings?

Answer: No

Do you have a chronic skin condition?

Answer: No

Does your skin problem require the use of chronic medication, cream or ointment?

Answer: No

Do you get pains in your legs when you walk that make you stop to get relief?

Answer: No

Do you have skin breakdown or ulcers around your ankles?

Answer: No

ENDOCRINE

Endocrine Problems

Answer: No

HEMATOLOGY / IMMUNOLOGY / INFECTIOUS DISEASE

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

Answer: Yes

Diagnoses

Vitamin D Deficiency

Describe

Answer: Active

Supported by

Answer: Medications

Comment: Taking Vitamin D

Easy bruising or abnormal bleeding

Answer: No

Long term anticoagulation use

Answer: No

Pain

Vital Signs

Vital Signs

Comment: States that she usually sits at 93-94% when she is feeling better. Unable to obtain a complete set of VS due to virtual visit.

Blood Pressure	
Pulse	96 bpm

Respiratory Rate	
Temp	
Pulse Oximetry	93
Pain Scale /10	4

BMI

Comment:

Patients Height	5 feet 4 inch
Patients Weight	91 lbs
BMI	15.6

Obesity Level

Answer: Malnutrition (BMI < 18.5)

Describe

Answer:Active

Malnutrition

Answer:Yes

Comment: States that since she was was diagnosed with diverticulitis and had to get her colostomy she did not have an appetite. Now she feels a little more hungry and states that she has actually gained 5 pounds back.

Supported by

Answer:History of severe weight loss

Exam Review

Screenings Needed									
Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select	Select			Select				
HBA1C	Select	Select			Select				
MICROALBUMIN	Select	Select			Select				

FOBT	Yes	Mai l Kit Dir ect to me mb er			No				Unable to perform due to virtual visit.
DEXA	N/A	Sele ct			Sele ct				
PAD	Sele ct	Sele ct			Sele ct				
LDL	No	Sele ct			Sele ct				

Mini-Cog	
Word List Version	1
Person's Answers	Chair, Banana,
Word Recall	2
Clock Draw	2
Total Score	4

Home Safety & Personal Goals

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: No she thinks she has baby proofed her house from herself and that was the best she could do.

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

Answer: No.

Patient Summary	
Assessors Comments	<p>This is a completed audio & video virtual visit. Verbal consent was received by the patient to conduct this virtual visit. Patient identity was verified by address and DOB. Palpation, percussion, and auscultation portions of the assessment were unable to be performed due to this being a virtual visit. Unable to obtain complete set of VS, during HRA visit, due to virtual visit.</p> <p>Patient denies any kidney issues. Also, she states that she was prescribed Buspar and informed her PCP that it was not working for her but they will not change it. She states that for the past year she has has so many health issues and her original PCP passed away. When she was discharged from the hospital in November/December 2020 she had to find another provider and this provider has not really been addressing her issues. She feels that her anxiety has increased and states that the only thing that worked for her is Xanax which her new provider will not prescribe for her. Since she has been recovering from her diverticulitis and bowel obstruction repairs she states that her appetite has slowly started to return but she was not feeling like eating anything during her extreme illness. She reports that her COPD is getting worse and would like to inquire about getting a nebulizer says that this is sometimes a source of her anxiety. Her PHQ9 score is elevated, advised patient that she really needs to be taking some medications as well as speaking with a counselor or therapist, will submit a referral to see if she can get some assistance.</p>

Member informed of acknowledgment	true
Date/Time of Service/ Evaluation :	2021-04-30T16:30
Time exam finished	2021-04-30T17:36
Provider Signature	<div><div><i>Candace Hembrick</i></div><div>Digitally signed by Candace Hembrick , FNP 2021-04-30, 18:57</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 being released orally, in writing, or electronically. Additional information about these safeguards are available upon request.</div><div>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.</div><div>Payment Purposes. We may use or disclose your medical information for payment purposes. It is</div></div>

	necessary for us to disclose your completed health assessment to your health plan so that we may bill and receive payment for this service.
	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.
	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.
	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.
	Your agreement to participate with the health assessment implies your consent to provide the results of your health assessment to your health plan.