

HRA Form

Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	DEBORAH M APPLEWHITE
Evaluator Name :	test clinicianFE, FNP
Assessment Type :	Health Risk Assessment
DOB :	1948-08-06
Evaluation Date :	2021-2-24 10:30 AM
Visit Type :	Virtual: Video & Audio Capability

Demographics

Plan	VPHP - VIRGINIA PREMIER
Program	Medicare
LOB	DSNP
Name	DEBORAH M APPLEWHITE
Gender	Female
Address	670 SUMMER DAY CT
City	NEWPORT NEWS
State	VA
Zip	236019999
Date of Birth	1948-08-06
Age(as of date)	73
Marital Status	Widowed
Member Identification Number	11009337
HICN	4GA4KT2RH84
Phone Number	75732456775
Cell Number	N/A
Alternate Contact Number	
Email	N/A
Emergency Contact	Son - Joe
Phone Number	7573244214
Primary Care Physician	ELLIOTT, JOY SPENCE
Phone Number	7575943800
PCP Address	10510 Jefferson Ave Ste A
PCP City	Newport News
PCP State	VA

PCP Zip	236013102
PCP County	
Office ID	P9059005
Office Name	RIVERSIDE BRENTWOOD MEDICAL CENTER FAMILY MEDICINE

1. Race

- ☐ Caucasian
 ☐ African American
 ☐ Asian
 ☐ Latino
 ☐ Native American
 ☐ Native Hawaiian or other Pacific Islander
 ☐ Alaskan Native
 ☒ Other
- Describe "no ethnicity"

Patient's Ethnicity

- ☐ Hispanic
 ☐ Non-Hispanic
 ☐ Other Ethnicity
 ☐ Prefer not to say

2. Preferred language

- ☒ English
 ☐ Other

Previously Documented Conditions

Covid Screening

In the last 14 days, have you:

Traveled internationally?	Yes	No
Had known exposure to anyone diagnosed with Corona virus (COVID-19)	Yes	No
Had close contact with someone who has traveled to a high risk area?	Yes	No
Developed Fever?	Yes	No
Developed Cough?	Yes	No
Developed Flu like symptoms?	Yes	No
Developed Shortness of breath?	Yes	No

Self-Assessment and Social History

3. How much school have you completed?

- ☐ Less than 3rd grade
 ☐ Completed 3rd grade
 ☒ Completed 8th grade

☐ Completed 12th grade ☐ Attended College

comments

"Completed 10th grade"

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

☐ Very difficult ☒ **Somewhat difficult** ☐ Easy
☐ Very easy to understand

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

☐ Very difficult ☒ **Somewhat difficult** ☐ Easy
☐ Very easy to understand

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

☐ Not at All Confident ☒ **Not Very Confident** ☐ Confident
☐ Very Confident

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

☐ Excellent ☐ Good ☒ **Fair**
☐ Poor

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

☐ Often ☒ **Sometimes** ☐ Almost Never
☐ Never

comments

d/t COVID-19 pandemic

9. Where do you currently live?

☐ Home ☒ **Apartment** ☐ Assisted Living
☐ Nursing Home ☐ Homeless ☐ Other

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

☒ **Yes** ☐ No

11. Who do you currently live with?

☐ Alone ☐ Spouse ☐ Partner
☐ Relative ☒ **Family** ☐ Friend
☐ Personal Care Worker

comments

The member lives with son.

12. Are you currently a caregiver for someone?

☐ Yes ☒ **No**

13. Tobacco use

☐ Current ☐ Former ☒ **Never**

14. Alcohol Use

☐ Current ☐ Former ☒ **Never**

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

☐ Yes ☒ No

16. Do you have a Healthcare Proxy?

☐ Yes ☒ No ☐ Don't Know

17. Do you have a Durable Power of Attorney?

☐ Yes ☒ No ☐ Don't Know

18. Do you have an Advance Directive?

☐ Yes ☒ No ☐ Don't Know

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?

☐ Often True ☐ Sometimes True ☐ Never 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?

☐ Often True ☐ Sometimes True ☐ Never True

Activities of Daily Living

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

A. Getting in or out of bed	No	Need Some Help	Need Total Help
B. Getting in or out of chairs	No	Need Some Help	Need Total Help
C. Toileting	No	Need Some Help	Need Total Help
D. Bathing	No	Need Some Help	Need Total Help
E. Dressing	No	Need Some Help	Need Total Help
F. Eating	No	Need Some Help	Need Total Help
G. Walking	No	Need Some Help	Need Total Help

↳ How far can you walk

☐ Household only ☐ Less than one block ☒ One block
☐ Two or more blocks ☐ Non-ambulatory

Comments: "need assistance or a walker for outside walking. Need to hold the house wall."

H. Going up or down stairs	No	Need Some Help	Need Total Help
----------------------------	----	----------------	-----------------

↳ How many stairs can you climb

☐ None ☒ Three to five ☐ Six to ten
☐ More than ten

Comments: "Need assistance or need to hold handrails"

Medical History

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

- ☐ None
 ☐ Cane
 ☒ **Walker**
☐ Prosthesis
- ☐ Wheel Chair
 ☐ Bedside Commode
 ☐ Urinal
- ☐ Bed Pan
 ☐ Other

comments

Uses a walker regularly for outside walking.

21. Are you currently seeing any specialists?

- ☐ Yes
 ☒ **No**

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

A. Seen your PCP	None	1	2	3	4	5 or more
B. Visited the Emergency Room	None	1	2	3	4	5 or more

[If one or more, describe](#)

1/2021 Visited ER d/t hydration. Stayed for 3-4 hours and discharged to home.

C. Stayed in the hospital overnight	None	1	2	3	4	5 or more
-------------------------------------	------	---	---	---	---	-----------

[If one or more, describe](#)

12/2020 - d/t disorientated and stayed in the hospital for 4 days.

D. Been in a nursing home	None	1	2	3	4	5 or more
E. Had Surgery	None	1	2	3	4	5 or more

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

- ☒ **Yes**
☐ No

[Describe](#)

The member's son reported "yes" for this question but unable to explain the reasons.

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

Physical Therapist	Yes	No
Occupational Therapist	Yes	No
Dietician	Yes	No
Social Worker	Yes	No
Pharmacist	Yes	No
Speech Therapist	Yes	No

Chiropractor	Yes	No
Personal Care Worker (HHA, CNA, PCA)	Yes	No

Comment: The member's son reports that a home care nurse visited the member after discharged from the hospital on 12/2020.

Meals on Wheels	Yes	No
-----------------	-----	----

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

Chemotherapy	Yes	No	Unknown
Catheter Care	Yes	No	Unknown
Oxygen	Yes	No	Unknown
Wound Care	Yes	No	Unknown
Regular Injections	Yes	No	Unknown
Tube Feedings	Yes	No	Unknown

Family History

26. Family History

☒ Yes ☐ No

Family Member	Medical Condition	Cause of Death
Mother	Diabetes	Diabetes complications

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Don't Know
Breast Exam/Mammography	Yes
Cervical Screening	Don't Know
Bone Density	Don't Know
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

☐ 3 – 5 years ago ☐ 6 – 10 years ago ☐ > 10 years ago
☐ Never ☒ Don't know

comments The member and her son reports "don't know"

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

☐ Yes ☐ No ☒ NA

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

☐ Yes ☐ No ☒ NA

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

☒ Yes ☐ No ☐ NA

32. Do you get Flu Vaccine each year?

☒ Yes ☐ No

comments

The member got Flu vaccine each year except 2020.

33. Have you been vaccinated for Pneumonia?

☒ Yes ☐ No

↳ Pneumovax

☐ Yes ☐ No ☒ Unknown

↳ Prevenar

☐ Yes ☐ No ☒ Unknown

34. Have you been vaccinated for Herpes Zoster?

☒ Yes ☐ No

↳ Zostervax

☐ Yes ☐ No ☒ Unknown

↳ Shingrex

☐ Yes ☐ No ☒ Unknown

Allergies / Medications

35. Allergies

☐ Yes ☒ No

Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status	
2021-02-24	oxcarbazepine	300mg	PO = By Mouth	BID		Taking	Not Taking
2021-02-24	carvedilol	3.125mg	PO = By Mouth	BID		Taking	Not Taking
2021-02-24	Furosemide	40mg	PO = By Mouth	QD		Taking	Not Taking
2021-02-24	Vitamin D3	2000 units	PO = By Mouth	QD		Taking	Not Taking
2021-02-24	levetiracetam	500mg	PO = By Mouth	BID		Taking	Not Taking
2021-02-24	pravastatin	20mg	PO = By Mouth	QD		Taking	Not Taking

2021-02-24	butalbital-acetaminophen	50/325mg	PO = By Mouth	PRN		Taking	Not Taking
2021-02-24	nitroglycerin	0.4mg	PO = By Mouth	PRN		Taking	Not Taking
2021-02-24	Aspirin	81mg	PO = By Mouth	QD		Taking	Not Taking
2021-02-24	Dialyvite	1 tab	PO = By Mouth	QD		Taking	Not Taking

36. Over the Counter Medications / Supplements

☐ Yes ☒ No

comments: The member reports "no OTC medications and supplements"

37. Chronic Use of

☐ None ☒ ASA ☐ Steroids ☐ Insulin
☐ Anticoagulants ☒ Statins ☐ Biphosphonate

38. Medication Compliance and Knowledge of Use and Disease

1. Do you ever forget to take your medicine?	Yes	No
Comment: The member's son reports that the member forget to take her medications sometimes.		
2. Do you sometimes not pay enough attention to your medication?	Yes	No
Comment: The member reports "I don't know why I am taking my medications"		
3. Do you know the longterm benefit of taking your medicine as told to you by the doctor or pharmacist?	Yes	No
Comment: The member reports "I don't know why I am taking my medications"		
4. When you feel better do you sometimes stop taking your medicine?	Yes	No
5. Sometimes if you feel worse when you take your medicine do you stop taking it?	Yes	No
6. Do you sometimes forget to refill your prescription on time?	Yes	No
Comment: The member's son take care of the member's medications. refill.		

Review of Systems and Diagnoses

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

☐ Yes ☒ No

Do you wear glasses or contacts?

☐ Yes ☒ No

Do you have problems seeing at night?

☐ Yes ☒ No

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

☐ Yes ☒ No

Nose Problems (Nose Bleeds, Sinus infections, Other)

☐ Yes ☒ No

Mouth and Throat Problems (Difficulty Chewing, Difficulty Swallowing, Bleeding Gums, Other)

☐ Yes ☒ No

Neck Problems (parotid Disease, Carotid Stenosis, Other)

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☒ Yes ☐ No

Diagnoses

- | | |
|---|--|
| <input type="checkbox"/> Abnormal Cardiac Rhythm | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Cardio – Respiratory Failure / Shock | <input type="checkbox"/> Cardiomyopathy |
| <input checked="" type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Deep Vein Thrombosis |
| <input checked="" type="checkbox"/> Hyperlipidemia | <input checked="" type="checkbox"/> Hypertension |
| <input type="checkbox"/> Ischemic Heart Disease (CAD) | <input type="checkbox"/> Myocardial Infarction |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Pulmonary Hypertension |
| <input type="checkbox"/> Valvular Disease | <input type="checkbox"/> Other |

Congestive Heart Failure

Describe

☒ Active ☐ History of ☐ Rule out

Supported by

<input type="checkbox"/> Ejection fraction	<input type="checkbox"/> Cardiomegaly	<input type="checkbox"/> Orthopnea
<input type="checkbox"/> DOE	<input type="checkbox"/> PND	<input type="checkbox"/> S3
<input checked="" type="checkbox"/> Medications	<input type="checkbox"/> Peripheral edema	<input type="checkbox"/> Other

comments

Taking Furosemide, carvedilol

Describe

☒ Diastolic ☐ Systolic ☐ Unknown

Secondary to Hypertension

☒ Yes ☐ No

Is patient on an ACE or ARB

☐ Yes ☒ No

Is patient on a Beta Blocker

☒ Yes ☐ No

Hyperlipidemia

Describe

☒ Active ☐ History of ☐ Rule out

☒ Supported by
☐ Lab results ☒ Medication ☐ Other

comments Taking pravastatin

☒ Is patient on Statin
☒ Yes ☐ No

Hypertension

☒ Describe
☒ Active ☐ History of ☐ Rule out

☒ Supported by
☐ Physical Exam ☒ Medications ☐ Symptoms
☐ Other

comments Taking carvedilol

☒ Adequately controlled
☒ Yes ☐ No ☐ UnKnown

History of Chest Pain

☒ Yes ☐ No

☒ Pain described as
☐ Achy ☐ Sharp ☐ Tight
☐ Crushing

comments The member is unable to answer this question.

☒ Does pain go into left arm
☐ Yes ☐ No

comments The member is unable to answer this question.

☒ Is pain reproduced or worsened when touching chest or costochondral junctions
☐ Yes ☐ No

comments The member is unable to answer this question.

☒ Is pain brought on by
☐ Exertion ☐ Eating ☐ Stress / Anxiety
☐ Other

comments The member is unable to answer this question.

☒ Is pain relieved by oral medication
☒ Yes ☐ No

comments The member's son reports that last use of nitroglycerin was about 1 year ago.

☒ How long before pain is relieved
☐ 1min ☐ 2min ☐ 5min
☐ >5min

comments The member is unable to answer this question.

☒ What medication / s
 Nitroglycerin

History of Intermittent Claudication

☐ Yes ☒ No

Implanted Pacemaker

☐ Yes ☒ No

Implanted Defibrillator

☐ Yes ☒ No

Do you have abnormal heart beats?

- ☐ Yes ☒ No
- Does your heart race?
- ☐ Yes ☒ No
- Do you sleep on more then one pillow?
- ☐ Yes ☒ No
- have you ever have fluid in your lungs?
- ☐ Yes ☒ No
- Do your legs or ankles swell up?
- ☒ Yes ☐ No

comments Taking Furosemide. Reports "bilateral lower extremities"

- Do you follow a special diet?
- ☐ Yes ☒ No
- Do you have headaches?
- ☒ Yes ☐ No

comments Reports "Occasional headache and takes butalbital-acetaminophen PRN"

- Do you feel light headed when you stand up?
- ☐ Yes ☒ No

- Gastrointestinal Problems (Ulcer, Reflux, Hiatal Hernia, Colitis, Other)
- ☐ Yes ☒ No

Bowel Movements

- ☒ Normal ☐ Abnormal

- Abdominal Openings
- ☐ Yes ☒ No

- Rectal Problems
- ☐ Yes ☒ No

- Last Bowel Movement
- ☒ Today ☐ 1-3 days ago ☐ >3 days ago

- Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other)
- ☒ Yes ☐ No

Diagnoses

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Dependence | <input type="checkbox"/> Amyotrophic Lateral Sclerosis |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Cerebral Hemorrhage |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Delusional Disease |
| <input checked="" type="checkbox"/> Dementia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Drug Dependence | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Generalized Anxiety Disorder | <input type="checkbox"/> Guillain-Barre Disease |
| <input type="checkbox"/> Hemiparesis | <input type="checkbox"/> Huntington's Chorea |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Intellectual and or Developmental Disability |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Myasthenia Gravis |

- | | |
|---|---|
| <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Peripheral Neuropathy |
| <input type="checkbox"/> Restless leg syndrome | <input type="checkbox"/> Schizophrenia |
| <input checked="" type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Subdural Hematoma |
| <input type="checkbox"/> TIA | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other | |

Dementia

Describe

- | | | |
|---|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Active | <input type="checkbox"/> History of | <input type="checkbox"/> Rule out |
|---|-------------------------------------|-----------------------------------|

Supported by

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> Behavioral changes | <input type="checkbox"/> Mental testing | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Functional changes | <input checked="" type="checkbox"/> Other | |

Other

Describe

comments

The member's son reports that the member was diagnosed with dementia. A&O X1. The member was able to answer her name and DOB but unable to answer place and time.

Type of Dementia

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Vascular | <input checked="" type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Etiology Unknown |
|-----------------------------------|--|---|

Seizure Disorder

Describe

- | | | |
|---|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Active | <input type="checkbox"/> History of | <input type="checkbox"/> Rule out |
|---|-------------------------------------|-----------------------------------|

Supported by

- | | | |
|--|--|---|
| <input type="checkbox"/> History of recurrent seizures | <input checked="" type="checkbox"/> Medications | <input type="checkbox"/> Laboratory testing |
| <input type="checkbox"/> Other | | |

comments

Taking oxcarbazepine and levetiracetam

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

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

Do you worry too much about different things?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

Do you feel afraid that something bad might happen?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

History of headaches

- | | |
|--|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-----------------------------|

Symptoms with headaches of

- | | | |
|---|---|--|
| <input type="checkbox"/> Visual Changes | <input type="checkbox"/> Auditory changes | <input type="checkbox"/> Nausea / vomiting |
| <input type="checkbox"/> Sensitivity to light / sound | <input checked="" type="checkbox"/> None | |

comments

Reports "Occasional headache and takes butalbital-acetaminophen PRN"

History of auditory hallucinations

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

History of visual hallucinations

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

History of psychotic behavior

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

History of episodes of delirium

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|------------------------------|---|

Do you follow a special diet?

☐ Yes ☒ 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?

☐ Yes ☒ No

Do you have trouble swallowing your food?

☐ Yes ☒ No

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

☐ Yes ☒ No

Do you trouble understanding what people say to you?

☐ Yes ☒ No

Do your hands shake?

☐ Yes ☒ No

Do you have convulsions and seizures?

☒ Yes ☐ No

comments

Taking oxcarbazepine and levetiracetam.

Do you have trouble with your memory?

☒ Yes ☐ No

comments

r/t dementia

Do you have trouble finding words?

☐ Yes ☒ No

Do you have trouble sleeping?

☐ Yes ☒ No

Have you lost your appetite

☐ Yes ☒ No

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

☐ Yes ☒ No

Do you have highs and lows

☐ Yes ☒ No

Do you ever feel like someone is out to get you

☐ Yes ☒ No

How often do you go out to meet with family or friends

☐ Often ☒ Sometimes ☐ Never

GPCOG Score or MMSE Score

GPCOG Score	or MMSE Score

If GPCOG or MMSE is not done, is

↳ Patient oriented to person

☒ Yes ☐ No

comments

The member was able to answer her name and DOB but unable to answer place and time.

↳ Patient oriented to place

☐ Yes ☒ No

↳ Patient oriented to time

- ☐ Yes
 ☒ No
- ☒ Recall
 ☐ Good
 ☒ Poor
- ☒ Patient describes recent news event
 ☒ Partially
 ☐ No

Affect

- ☒ Normal
 ☐ Abnormal

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	Not at all	Several Days	More than half the days	Nearly every day
Feeling down, depressed or hopeless	Not at all	Several Days	More than half the days	Nearly every day

PHQ 2 Score

- ☒ < 3
 ☐ 3 or more

Speech

- ☒ Normal
 ☐ Slurred
 ☐ Aphasic
- ☐ Apraxia

comments

Use simple and short sentences to answer questions during the assessment.

Finger to Nose

- ☒ Normal
 ☐ Abnormal

Heel (Shin) to Toe

- ☒ Normal
 ☐ Abnormal

Thumb to Finger Tips

- ☒ Normal
 ☐ Abnormal

Sitting to Standing

- ☐ Normal
 ☒ Needs Assistance
 ☐ Unable

Facial / Extremity Movement

- ☐ Motor Tic
 ☐ Vocal Tic
 ☐ Benign (Essential Tremor)
- ☐ Intention Tremor
 ☐ Non-Intention (Pill rolling) Tremor
 ☐ Rigidity
- ☐ Spasticity
 ☐ Chorea Movement
 ☐ Cog wheeling
- ☒ Normal

Gait

- ☐ Normal
 ☐ Limp
 ☐ Wide based
- ☐ Abductor lurch
 ☐ Paretic
 ☐ Shuffling
- ☒ Other (Findings may also apply to Musculoskeletal)

diagnoses)

comments

unsteady gait: needs assistance or walker to ambulate.

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

☐ Yes

☒ No

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

☒ Yes

☐ No

Diagnoses

☐ Collagen (Connective) Tissue Disease

☐ Degenerative Disc Disease

☐ Extremity Fracture (other than Hip)

☐ Gout

☐ Hallux Valgus

☐ Hammer Toes

☐ Onychomycosis

☒ Osteoarthritis

☐ Osteomyelitis

☐ Osteoporosis

☐ Pyogenic Arthritis

☐ Rheumatoid Arthritis

☐ Spinal Stenosis

☐ Systemic Lupus Erythematosus

☐ Tinea Pedis

☐ Other

Osteoarthritis

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☒ Symptoms

☐ Physical Findings

☐ Image studies

☐ Other

comments

The member reports bilateral knees pain. She needs assistance or walker for ambulate r/t bilateral knees pain.

Which joints

comments

Bilateral knees

History / Finding of non- extremity Fracture

☐ Yes

☒ No

History / Finding of Hip Fracture / Dislocation

☐ Yes

☒ No

History / Finding of Vertebral Fracture

☐ Yes

☒ No

Do you have any swelling of your joints?

☒ Yes

☐ No

comments

"intermittent swelling on bilateral knees"

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

☒ Yes

☐ No

comments

"on bilateral knees"

Do you have pain in your joints?

☒ Yes

☐ No

comments

"bilateral knees joint pain"

Do you have a problem straightening any joints?

☐ Yes

☒ No

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

☒ Yes

☐ No

comments

"Sometimes, also needs assistance and walker to ambulate"

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

☐ Yes

☒ No

Do you have constant pain in your bones?

☐ Yes

☒ No

Have you had an amputation?

☐ Yes

☒ No

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

☐ Yes

☒ No

Endocrine Problems

☐ Yes

☒ No

comments

The member and member's son denies type 2 diabetes diagnosis. The member's son reports that the member doesn't take any diabetic medications anymore.

Have you lost weight in the past 6 months?

☒ None

☐ 5lbs

☐ 10lbs

☐ 15lbs

☐ More than 15lbs

☐ 10% of your weight
(calculated by assessor)

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

☒ Yes

☐ No

Diagnoses

- ☐ AIDS

☐ C. Difficile

☐ HIV

☐ Hospital Acquired MRSA Infection

☐ Leukemia

☐ Multiple Myeloma

☐ Sickle Cell Disease

☐ Thalassemia

☐ Tuberculosis
- ☐ Anemia

☐ Community Acquired MRSA Infection

☐ Herpes Zoster

☐ Immune Deficiency

☐ Lymphoma

☐ Sepsis

☐ Sickle Cell Trait

☐ Thrombocytopenia

☐ Vitamin D Deficiency

☒ Other

Other

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ History

☒ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☐ Physical Findings

☐ Image studies

☐ Other

comments

Taking prescribed vitamin d 2000 units QD.

Other

comments

vitamin d deficiency

Easy bruising or abnormal bleeding

☐ Yes

☒ No

Long term anticoagulation use

☐ Yes

☒ No

Cancer

Diagnosis of Cancer	Yes	No
---------------------	-----	----

Pain

Does the patient experience pain?

☐ Yes

☒ No

Vital Signs

Vital Signs

Blood Pressure		Pulse	Respiratory Rate	Temp	Pulse Oximetry	Pain Scale /10
121 (mmHG)	63 (mmHG)	52 (bpm)	18	97.7	98	0/10

BMI

Patients Height		Patients Weight	Calculate BMI
5 (Feet)	6 (Inch)	210.4 (lbs)	34.0

- ☒ **Obesity (BMI 30 – 34.9)**
☐ Moderate Obesity (BMI 35 – 39.9)
 ☐ Morbid Obesity (BMI = or > 40)
- ☐ Malnutrition (BMI < 18.5)

Exam Review

Constitutional

General appearance:	Normal	Abnormal
---------------------	--------	----------

Comment: A&O X1. Uses simple and short sentences only. Well-groomed. No acute distress noted. Cooperative with good eye contact.

Head and Face

Examination of head and face:	Normal	Abnormal
Palpation of the face and sinuses:	Normal	Abnormal

Eyes

Inspection of conjunctiva and lids:	Normal	Abnormal
-------------------------------------	--------	----------

Examination of pupils and irises:	Normal	Abnormal
-----------------------------------	--------	----------

Ears, Nose, Mouth and Throat

External Inspection of ears and nose:	Normal	Abnormal
Otoscopic examination:	Normal	Abnormal

Comment: Noted mild cerumen on right ear.

Assessment of hearing:	Normal	Abnormal
Inspection of nasal mucosa, septum and trubينات:	Normal	Abnormal

Comment: Unable to complete due to the mandated mask requirement due to the COVID pandemic.

Inspection of lips, teeth and gums:	Normal	Abnormal
-------------------------------------	--------	----------

Comment: Unable to complete due to the mandated mask requirement due to the COVID pandemic.

Examination of oropharynx:	Normal	Abnormal
----------------------------	--------	----------

Comment: Unable to complete due to the mandated mask requirement due to the COVID pandemic.

Neck

Examination of neck:	Normal	Abnormal
Examination of thyroid:	Normal	Abnormal

Pulmonary

Assessment of respiratory effort:	Normal	Abnormal
Percussion of chest:	Normal	Abnormal
Palpation of chest:	Normal	Abnormal
Auscultation of lungs:	Normal	Abnormal

Cardiovascular

Palpation of heart:	Normal	Abnormal
Auscultation of heart:	Normal	Abnormal
Carotid Arteries:	Normal	Abnormal
Abdominal Aorta:	Normal	Abnormal
Pedal Pulses:	Normal	Abnormal
Examination of Arterial Pulses:	Normal	Abnormal
Examination of Edema / Varicosities:	Normal	Abnormal

Comment: Noted +1 pitting edema on bilateral low extremities.

Lymphatic

Palpation of cervical nodes (neck)	Normal	Abnormal
------------------------------------	--------	----------

Palpation of preauricular nodes (in front of the ears)	Normal	Abnormal
Palpation of Submandibular nodes (under jaw line/chin)	Normal	Abnormal

Musculoskeletal

Examination of gait and station:	Normal	Abnormal
----------------------------------	--------	----------

Comment: Unsteady gait - need assistance or walker to ambulate and sitting to standing.

Inspection/palpation of digits and nails:	Normal	Abnormal
---	--------	----------

Comment: Capillary refill < 2 second. Noted 1-3 cm length of toe nails on all toes, bilateral.

Inspection/palpation of joints, bones and muscles:	Normal	Abnormal
--	--------	----------

Assessment of range of motion:	Normal	Abnormal
--------------------------------	--------	----------

Comment: Decreased ROM on bilateral knees.

Assessment of stability:	Normal	Abnormal
--------------------------	--------	----------

Assessment of muscle strength/tone:	Normal	Abnormal
-------------------------------------	--------	----------

Skin

Inspection of skin and subcutaneous tissue:	Normal	Abnormal
---	--------	----------

Palpation of skin and subcutaneous tissue:	Normal	Abnormal
--	--------	----------

Neurologic

Indicate specific cranial nerve tested

Cranial nerve III, IV, V, VI, VII, VIII, XI tested. Limited cranial nerve test was performed due to the mandated mask requirement due to the COVID pandemic.

Indicate cranial nerve deficits found

None.

Romberg Test	Normal	Abnormal
--------------	--------	----------

Examination of reflexes:	Normal	Abnormal
--------------------------	--------	----------

Examination of sensation:	Normal	Abnormal
---------------------------	--------	----------

Coordination:	Normal	Abnormal
---------------	--------	----------

Diabetes

Foot Exam:	Normal	Abnormal
------------	--------	----------

Comment: N/A

Psychiatric

Description of patient's judgement / insight:	Normal	Abnormal
---	--------	----------

Orientation of person, place and time:	Normal	Abnormal
--	--------	----------

Comment: A&O X1. The member was able to answer her name and DOB but unable to answer place and time.

Recent and remote memory:	Normal	Abnormal
---------------------------	--------	----------

Comment: Unable to recall three words.

Mood and affect:	Normal	Abnormal
------------------	--------	----------

Screenings Needed

Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes				No			Type 2 diabetes mellitus without complications	Unable to perform: No retinal exam camera. The member denies a diagnosis of type 2 diabetes.
HBA1C	Yes	Refused Kit			Select			Type 2 diabetes mellitus without complications	The member denies a diagnosis of type 2 diabetes.
MICROALBUMIN	Yes	Refused Kit			Select			Type 2 diabetes mellitus without complications	The member denies a diagnosis of type 2 diabetes.
FOBT	Yes	Refused Kit			Select			Encounter for screening for malignant neoplasm of colon	
DEXA	N/A	Select			Select				
PAD	Yes				Yes	02-24-2021	R: 0.50 (Significant) L: 0.87 (Moderate)	Type 2 diabetes mellitus without complications	The member denies a diagnosis of type 2 diabetes
LDL	No	Refused Kit	65432178	65432178	Select			Hypertension and hyperlipidemia	

Mini-Cog

39. Mini- Cog (see attached sheet)

comments The member's son reports that the member was diagnosed with dementia.

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test.

Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version : 1

Person's Answers: **Banana**

Word Recall :	1 Points	1 point for each word spontaneously recalled without cueing. Home Safety Yes
Clock Draw :	0 Points	Normal clock = 2 points. A normal clock has all numbers placed in the correct positions) with no missing or duplicate numbers. Hands are pointing to the 11 sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor Inability or refusal to draw a clock (abnormal) = 0 points.and 2 (11:10). Hand length is not scored.
Total Score :	1 Points	Total score = Word Recall score + Clock Draw score. A cut point of < 3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of < 4 is recommended as it may indicate a need for further evaluation of cognitive status.

Home Safety & Personal Goals

40. In the past year how many times have you Fallen?

- ☐ None
 ☒ **Once**
☐ Twice
 ☐ Three times
 ☐ More than three times

comments The member's son reports X1 fall accident during 2020 but denies any injury.

☐ Do you worry about falling or feeling unsteady when standing or walking
☒ **Yes**
☐ No

comments "Sometimes, holding the house wall"

☐ Worries about falling or feeling unsteady when standing or walking?
☒ **Yes**
☐ No

comments "Sometimes, holding the house wall"

☐ Did you have a fracture in past 6 months?
☐ Yes
 ☒ **No**

41. Home Safety

a. Do you have obstacles in the house, loose small rugs or objects on the floor that could cause tripping?	Yes	No
b. Do you have electrical cords running across floors, in doorways or under a rugs?	Yes	No
c. Do you have no slip mats on the shower floor or bath tub?	Yes	No
d. Do have adequate lighting in hallways and on the stairs?	Yes	No
e. Do you have handrails on staircases?	Yes	No
f. Is your hot water heater set for a maximum of 120 degrees?	Yes	No
g. Do you have smoke detectors on each level of the house and in all sleeping a rooms?	Yes	No
h. Do you have carbon Monoxide detectors on each level of the house?	Yes	No
i. Have used established an escape route in the event of fire?	Yes	No

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

The member reports "I don't know"

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

The member reports "I don't know"

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

☐ Yes

☒ No

45. Feeling like harming others or yourself

☐ Yes

☒ No

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

☐ Yes

☒ No



Patient Summary

Assessors Comments :

Mrs. Applewhite is a pleasant 72 years old female who is A&O X1. The member's son who lives with the member stayed during the assessment and answered some of the questions. However, the member's son was unable to explain all details of the member's medical conditions. The member was unable to answer some of the questions or answered "don't know" only. The member missed her follow-up appointment with PCP so the member's son will reschedule an appointment for the member. Reviewed the result of PAD with the member's son and the member. She denies any symptoms of PAD during today's assessment. Recommended the member's son to bring the result of PAD to her PCP and follow up with her PCP. He verbalized understanding. Recommended to visit a podiatrist or her PCP regarding her extremely long toe nails and the member's son verbalized that he will make her an appointment with a podiatrist.

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

Member informed of acknowledgment	<input checked="" type="checkbox"/>
Date/Time of Service/Evaluation :	2021-02-24T10:30
Time exam finished	2021-02-24T11:40
I accept the Disclosure Statement	<input type="checkbox"/>
Consented to Video chat	<input type="checkbox"/>
Provider Signature	<div>   <div> Digitally signed by test clinicianFE, FNP 2021-12-17, 16:57 </div> </div>
Addendum	<div></div>

Disclosure Statement

Your health plan, has contracted with Focus Care to conduct a health exam on all of its Medicare members, including you. The health exam includes questions to help your health plan learn more about your current health. The exam may also find things that could effect your health. The results of the exam will help your health plan and your doctor keep you as healthy as possible.

Personal health information, or PHI, is information in your medical record that identifies the record as your record. PHI includes things like your date of birth, age, address, telephone number, and your medical history.

Most of the time, Focus Care will not release your personal information without your permission. Measures are in place to prevent your personal information from being accidentally released in writing, including by use of a computer, or orally. You may request more information about how your personal information is protected.

There are times when Focus Care is allowed to release your personal information without your permission. For example, your medical information may be given to other health care providers who take care of you. The results of this exam will be sent to your health plan and to your doctor.

Focus Care may release your personal health information to a 'business associate'. A 'business associate' is another agency that Focus Care uses to do things, such as billing. We require our 'business associates' to have security measures in place to prevent your personal information from being accidentally

released in writing, including by use of a computer, or orally.

Focus Care may be required to release your personal health information, without your permission, by law. including statutes, regulations, or valid court orders.

Focus Care will obtain your permission to use or release your personal health information for any other reason.

Do you have any questions about this information? Would you like to receive this information in a different language?

Your agreement to have this medical exam means you have given your permission to Focus Care to release the results of your medical exam to your health plan and to your doctor. Do you agree?