

HRA Form

Plan :	VPHP - VIRGINIA PREMIER
Program :	Medicare
LOB :	DSNP
Region :	CENTRAL
Aligned :	N
Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	TYNEISHA WALKER
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1984-11-29
Evaluation Date :	
Visit Type :	

Demographics	
Name	TYNEISHA WALKER
Gender	Female
Address	3502 TIMBER RIDGE DRIVE
City	FREDERICKSBURG
State	VA
Zip	224089999
Date of Birth	1984-11-29
Age(as of date)	36
Marital Status	Single
Member Identification Number	11010852
HICN	1KJ3KW7HU91
Phone Number	8507608075
Cell Number	8507608075
Email	
Emergency Contact	Tyangla
Phone Number	8508128594
Primary Care Physician	GUIRGUIS, EGRAM G
Phone Number	5407365043
PCP Address	4370 Starkey Rd
PCP City	Roanoke

PCP State	VA
PCP Zip	240180603
PCP County	
Office ID	P9058813
Office Name	MARY WASHINGTON HEALTHCARE PHYSICIANS

1. Race

Answer: Other

Describe

Answer:

Patient's Ethnicity

Answer: Non-Hispanic

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 <i>Answer: Easy</i>
5. When you read the instructions on a prescription bottle would you say that it is <i>Answer: Easy</i>
6. How confident are you in filling out medical forms by yourself? <i>Answer: Confident</i>
7. How would you rate your health compared to other persons your age? <i>Answer: Fair</i>
8. During past 3 months, has your physical and or emotional health limited your social activities with family, friends, neighbours or groups? <i>Answer: Never</i>
9. Where do you currently live? <i>Answer: Home</i>
10. Do you have someone you can rely on to help if you are sick or have problems you need to discuss? <i>Answer: Yes</i>
11. Who do you currently live with? <i>Answer: Family</i> <i>Comment: Lives with mother and children</i>
12. Are you currently a caregiver for someone? <i>Answer: Yes</i> Describe <i>Answer: a girl and boy (her children)</i>
13. Tobacco use <i>Answer: Never</i>
14. Alcohol Use <i>Answer: Never</i>
15. Do you or have you used recreational drugs or pain medication? <i>Answer: No</i>
16. Do you have a Healthcare Proxy? <i>Answer: Yes</i> Name <i>Answer: Michelle Bedgood</i> Relationship <i>Answer: Mother</i>

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: No

Medical History

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

Answer: None

Comment:

21. Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist	Dr. Vaughn	Breast Cancer

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

A. Seen your PCP

Answer: None

B. Visited the Emergency Room

Answer: 4

If one or more, describe

Answer: Due to chronic Nausea and vomiting.

C. Stayed in the hospital overnight

Answer: 4

If one or more, describe

Answer: due to above N&V

D. Been in a nursing home

Answer: None

E. Had Surgery

Answer: 1

If one or more, describe

Answer: Lumpectomy in November 2020

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

Answer: Yes

Describe

Answer: Yes Surgery 2019 for c-spine surgery

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: Yes

Catheter Care

Answer: No

Oxygen

Answer: No

Wound Care

Answer: No

Regular Injections

Answer: No

Tube Feedings

Answer: Yes

Comment: TPN

Family History		
26. Family History		
Answer: Yes		
Family Member	Medical Condition	Cause of Death
Mother	Anemia	

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Yes
Cervical Screening	Yes
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	Yes

28. Last colonoscopy if more than 2 years ago

Answer: Never

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

Answer: NA

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: NA

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
Demerol	Anxiety Attacks
Morphine	Itching

Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-28	Hydromorphone	4mg	PO = By Mouth	PRN	Taking
2021-04-28	Promethazine	25mg	PO = By Mouth	PRN	Taking
2021-04-28	Mertazapine	30mg	PO = By Mouth	HS	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: 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: No

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: Vision near sighted
Do you have trouble seeing even with glasses?
Answer : No

<div>Do you have problems seeing at night? <i>Answer: Yes</i></div>
<div>EARS</div> <div>Ear Problems (Hard of hearing, Deaf, Vertigo, Ear Infections) <i>Answer: No</i></div>
<div>NOSE</div> <div>Nose Problems (Nose Bleeds, Sinus infections, Other) <i>Answer: No</i></div>
<div>MOUTH AND THROAT</div> <div>Mouth and Throat Problems (Difficulty Chewing, Difficulty Swallowing, Bleeding Gums, Other) <i>Answer: No</i></div>
<div>NECK</div> <div>Neck Problems (parotid Disease, Carotid Stenosis, Other) <i>Answer: No</i></div>
<div>RESPIRATORY</div> <div>Respiratory Problems (COPD, Emphysema, Asthma, Chronic Bronchitis Pneumonia, Other) <i>Answer: No</i></div>
<div>CARDIOVASCULAR</div> <div>Cardiovascular (Hypertension, Angina, Ischemic Heart Disease(CAD), Myocardial Infarction, Other) <i>Answer: No</i></div>
<div>GASTROINTESTINAL</div> <div>Gastrointestinal Problems (Ulcer, Reflux, Hiatal Hernia, Colitis, Other) <i>Answer: Yes</i> Diagnoses Other Describe <i>Answer: Active</i> Supported by</div>

<div>Answer: Medications</div> <div>Other</div> <div>Answer: N&V</div>
<div>History of blood in stool</div> <div>Answer: No</div>
<div>History of black stools</div> <div>Answer: No</div>
<div>History of Heartburn / Dyspepsia</div> <div>Answer: No</div>
<div>History of Vomiting or Regurgitation</div> <div>Answer: No</div>
<div>History of pain after eating</div> <div>Answer: No</div>
<div>History of Jaundice</div> <div>Answer: No</div>
<div>Do you follow a special diet?</div> <div>Answer: No</div>
<div>Do you have frequent abnormal abdominal pain?</div> <div>Answer: No</div>
<div>Do you have intermittent nausea or vomiting?</div> <div>Answer: Yes</div>
<div>Do you have trouble with constipation?</div> <div>Answer: Yes</div>
<div>Does diarrhea limit your ability to get out of the room or socially?</div> <div>Answer: No</div>
<div>Do you see blood in your urine?</div> <div>Answer: No</div>
<div>Do you have Frequent Stomach Pain</div> <div>Answer: No</div>
<div>Bowel Movements</div> <div>Answer: Abnormal</div> <div>If abnormal</div> <div>Answer: Constipation</div> <div>If Constipation</div> <div>Answer: Chronic</div>
<div>Abdominal Openings</div>

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: No	
Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other)	
Are you nervous, anxious, feel on the edge or often feel stressed?	
Answer: No	
Do you worry too much about different things?	
Answer: No	
Do you feel afraid that something bad might happen?	
Answer: No	
How often do you go out to meet with family or friends	
Answer: Often	
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: Normal	

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: Not at all

Feeling down, depressed or hopeless

Answer: Not at all

PHQ 2 Score : <3

Speech

Answer: Normal

Finger to Nose

Answer: Normal

Heel (Shin) to Toe

Answer: Normal

Thumb to Finger Tips

Answer: Normal

Sitting to Standing

Answer: Normal

Facial / Extremity Movement

Answer: Normal

Gait

Answer: Normal

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: 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: No

CANCER

Diagnosis of Cancer

Answer: Yes

Describe

Answer : Active

Supported by

Answer : Treatments

Type

Answer : Breast

Specific type/s

Answer : Right

Stage or Classification specific to the cancer

Answer : Stage 4

Active treatment

Answer : Yes

Active treatment

Answer : Other

Describe

Answer : Medication

Side effects

Answer : Nausea

Comment: vomiting'

History / Finding of Metastasis

Answer : Yes

Location

Answer : neck and hips

To Cancer, history / finding of Cachexia

Answer : Yes

Do you see a specialist?

Answer : Yes

Provider

Answer : Oncologist

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: neck and hips

Do you take Methadone

Answer: No

What drug/s do you take for it

Answer: Hydromorphone

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

Answer: 3/10

Is the Patient Undergoing Pain Management Planning?

Answer: No

Was the patient advised regarding the potential for dependence?

Answer: Yes

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	110/68 mmHG
Pulse	78 bpm
Respiratory Rate	16
Temp	98.3
Pulse Oximetry	99
Pain Scale /10	3/10

BMI

Comment:

Patients Height	5 feet 3 inch
Patients Weight	112 lbs
BMI	19.8

Exam Review

Constitutional

General appearance:
Answer: Normal

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: Normal</i>

Pulmonary
Assessment of respiratory effort:

Answer: Normal
Percussion of chest: Answer: Normal
Palpation of chest: Answer: Normal
Auscultation of lungs: Answer: Normal

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

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

Musculoskeletal
Examination of gait and station:

Answer: Normal
Inspection/palpation of digits and nails: Answer: Normal
Inspection/palpation of joints, bones and muscles: Answer: Normal
Assessment of range of motion: Answer: Normal
Assessment of stability: Answer: Normal
Assessment of muscle strength/tone: Answer: Normal

Skin
Inspection of skin and subcutaneous tissue: Answer: Normal
Palpation of skin and subcutaneous tissue: Answer: Normal

Neurologic
Indicate specific cranial nerve tested Answer: CN 1-12 Did not access 9.
Indicate cranial nerve deficits found Answer: no deficit s
Romberg Test Answer: Normal
Examination of reflexes: Answer: Normal
Examination of sensation: Answer: Normal
Coordination: Answer: Normal

Diabetes

Foot Exam:
Answer: Normal

Psychiatric
Description of patient's judgement / insight:
Answer: Normal

Orientation of person, place and time:
Answer: Normal

Recent and remote memory:
Answer: Normal

Mood and affect:
Answer: Normal

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	No	Select			Select				
DEXA	N/A	Select			Select				
PAD	Select	Select			Select				
LDL	No	Select			Select				

Mini-Cog

Word List Version	1
Person's Answers	
Word Recall	3
Clock Draw	2
Total Score	5

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: Yes

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

e. Do you have handrails on staircases?
Answer: No

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

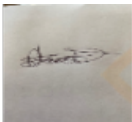
h. Do you have carbon Monoxide detectors on each level of the house?
Answer: No
Comment: does not know

i. Have used established an escape route in the event of fire?
Answer: No

42. Are there things about yourself you wish you could change or improve?
Answer: NO

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

Answer: NO
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	History and assessment completed, no abnormal findings on physical assessment. Patient currently actively going through cancer treatment for breast cancer which has mets to neck and hip. Patient would like to have assistance with dental health if that is offered in the plan.
Member informed of acknowledgment	true
Date/Time of Service/ Evaluation :	2021-04-28T08:07
Time exam finished	2021-04-28T08:59
Provider Signature	<div><div>Digitally signed by Janet Asare, FNP 2021-04-30, 14:19</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	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

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