

HRA Form

Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	MOHAMMAD SIDDIQUE
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1955-01-01
Evaluation Date :	2021-1-27 05:30 PM
Visit Type :	Virtual: Video & Audio Capability

Demographics

Plan	VPHP - VIRGINIA PREMIER
Program	Medicare
LOB	DSNP
Name	MOHAMMAD SIDDIQUE
Gender	Male
Address	6405 HOLYOKE DRIVE
City	ANNANDALE
State	VA
Zip	220032107
Date of Birth	1955-01-01
Age(as of date)	67
Marital Status	Single
Member Identification Number	11016915
HICN	7VK7JR9MN56
Phone Number	7033791240
Cell Number	7036229218
Alternate Contact Number	
Email	
Emergency Contact	Tooba- daughter
Phone Number	7033791240
Primary Care Physician	MATURI, MARTHA
Phone Number	7035201890
PCP Address	7601 Little River Tpke Ste 100
PCP City	Annandale
PCP State	VA

PCP Zip	220032601
PCP County	
Office ID	P0137705
Office Name	MATURI MEDICAL GROUP LLC

1. Race

- | | | |
|---|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Alaskan Native | <input checked="" type="checkbox"/> Other | |
- [Describe](#)
No Ethnicity

Patient's Ethnicity

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> Prefer not to say | | |

2. Preferred language

- | | |
|---|--------------------------------|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> 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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than 3rd grade | <input type="checkbox"/> Completed 3rd grade | <input type="checkbox"/> Completed 8th grade |
| <input checked="" type="checkbox"/> Completed 12th grade | <input type="checkbox"/> Attended College | |

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

comments

Doesn't feel bad overall, is usually concerned about his BP readings

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

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

12. Are you currently a caregiver for someone?

- ☒ Yes
 ☐ No

 Describe

Helps with younger children

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

Medical History

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

☒ None

21. Are you currently seeing any specialists?

☒ Yes

☐ No

Medical Specialty	Specialist	For
Nephrologist		low kidney function, not on dialysis

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

COVID+ 8/2020

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

comments

Went to ER for COVID screening, positive test, did not require hospitalization

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
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
Father	stroke, HTN	
Mother	MI	

Sibling1	MI	
Other	HTN, DM, MI	

Preventive Care

27. In the past three years have you had?

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

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

33. Have you been vaccinated for Pneumonia?

☐ Yes

☒ No

comments

daughter was not sure if he had this vaccine

34. Have you been vaccinated for Herpes Zoster?

☐ Yes

☒ No

comments

daughter was not sure if he had this vaccine

Allergies / Medications

35. Allergies

☐ Yes ☒ No

Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status	
2021-01-27	vascepa	1 gm, 2 tablets	PO = By Mouth	BID		Taking	Not Taking
2021-01-27	atorvastatin	80 mg	PO = By Mouth	QD		Taking	Not Taking
2021-01-27	metformin hcl	1000 mg	PO = By Mouth	BID		Taking	Not Taking
2021-01-27	hydrochlorot hiazide	25 mg	PO = By Mouth	QD		Taking	Not Taking
2021-01-27	amlodipine	5 mg	PO = By Mouth	QD		Taking	Not Taking
2021-01-27	losartan	100 mg	PO = By Mouth	QD		Taking	Not Taking

36. Over the Counter Medications / Supplements

☒ Yes ☐ No

Date	Description	Dose/Units	Route	Frequency
01-27-2021	Vitamin B12	1000 mcg	PO = By Mouth	daily
01-27-2021	ferrous gluconate	324 mg	PO = By Mouth	daily

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
2. Do you sometimes not pay enough attention to your medication?	Yes	No
3. Do you know the longterm benefit of taking your medicine as told to you by the doctor or pharmacist?	Yes	No
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

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**

comments

glasses

Do you have trouble seeing even with glasses?

☐ **Yes** ☒ **No**

Do you have problems seeing at night?

☐ **Yes** ☒ **No**

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

☒ **Yes** ☐ **No**

Diagnoses

☒ **Difficulty with Hearing**

☐ **Legally Deaf**

☐ **Tinnitus**

☐ **Vertigo**

☐ **Other**

Difficulty with Hearing

Describe

☐ **Active**

☒ **History of**

☐ **Rule out**

Do you have trouble hearing when people talk to you?

☒ **Yes** ☐ **No**

comments

trouble differentiating certain letters during conversation

Do you wear a hearing aid?

☐ **Yes** ☒ **No**

Do you read lips?

☐ **Yes** ☒ **No**

Do you have ear pain or drainage?

☐ **Yes** ☒ **No**

Do you ever get dizzy?

☐ **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**

comments

recent carotid ultrasound (<1m ago), no blockage

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

☒ **Yes** ☐ **No**

Diagnoses

☐ **Acute Pulmonary Embolism**

☐ **Acute Upper Respiratory Infection**

☐ **Asthma**

☐ **Chronic Pulmonary Embolism**

☐ **Chronic Respiratory Failure**

☐ **Chronic Sputum Production**

☐ **COPD**

☐ **Cystic Fibrosis**

☐ **Hypoventilation secondary to**

☐ **Hypoxemia**

Obesity

☐ Pneumonia

☐ Respirator Dependence/
Tracheostomy Status

☐ Sarcoidosis

☒ Other

Other

Describe

☐ Active

☒ History of

☐ Rule out

comments

mild SOB with exertion

Supported by

☐ History

☐ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☒ Physical Findings

☐ Image studies

☐ Other

Other

Use of Oxygen

☐ Yes

☒ No

Shortness of breath

☐ Yes

☒ No

Wheezing

☐ Yes

☒ No

Chronic Cough

☒ Yes

☐ No

comments

occasional throat clearing

Patient requires durable medical equipment

☐ Yes

☒ No

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

☒ Yes

☐ No

Diagnoses

☐ Abnormal Cardiac Rhythm

☐ Angina

☐ Cardio – Respiratory Failure / Shock

☐ Congestive Heart Failure

☒ Hyperlipidemia

☐ Ischemic Heart Disease (CAD)

☐ Peripheral Vascular Disease

☐ Valvular Disease

☐ Aneurysm

☐ Atrial Fibrillation

☐ Cardiomyopathy

☐ Deep Vein Thrombosis

☒ Hypertension

☐ Myocardial Infarction

☐ Pulmonary Hypertension

☐ Other

Hyperlipidemia

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☒ Lab results

☒ Medication

☐ Other

Is patient on Statin

☒ Yes

☐ No

Hypertension

Describe

☒ **Active**

☐ History of

☐ Rule out

comments

BP checked daily at home 140/70-80s

Supported by

☒ **Physical Exam**

☒ **Medications**

☒ **Symptoms**

☐ Other

Adequately controlled

☒ **Yes**

☐ No

☐ UnKnown

History of Chest Pain

☐ Yes

☒ **No**

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

comments

likes to sleep with bed slightly raised

have you ever have fluid in your lungs?

☐ Yes

☒ **No**

Do your legs or ankles swell up?

☐ Yes

☒ **No**

Do you follow a special diet?

☒ **Yes**

☐ No

comments

low sodium

Do you have headaches?

☐ Yes

☒ **No**

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

comments

occasional diarrhea with spicy foods

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

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

☐ Yes ☒ No

Do you worry too much about different things?

☐ Yes ☒ No

Do you feel afraid that something bad might happen?

☐ 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
9	5

If GPCOG or MMSE is not done, is

↳ Patient oriented to person

☒ Yes ☐ No

↳ Patient oriented to place

☒ Yes ☐ No

↳ Patient oriented to time

☒ Yes ☐ No

↳ Recall

☒ Good ☐ Poor

↳ Patient describes recent news event

☒ Yes ☐ 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**
- ☐ Apraxia

☐ Slurred

☐ Aphasic

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**

☐ Abductor lurch

☐ Ataxic

☐ Limp

☐ Paretic

☐ Other (Findings may also apply to Musculoskeletal diagnoses)

☐ Wide based

☐ Shuffling

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**

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

☐ Yes

☒ **No**

Endocrine Problems

☒ **Yes**

☐ No

Diagnoses

☒ **Chronic Kidney Disease secondary to Diabetes**

☐ Cushing's Disease

☐ Diabetic Retinopathy

☐ Hypertension and Diabetes

☐ Coronary Artery Disease and Diabetes

☒ **Diabetes**

☐ Secondary Hyperparathyroidism

☐ Hyperthyroidism

- ☐ Hypothyroidism
- ☐ Kidney Stone
- ☐ Peripheral Neuropathy secondary to Diabetes
- ☐ Peripheral Vascular Disease secondary to Diabetes
- ☐ Hyperparathyroidism
- ☐ Other
- Chronic Kidney Disease secondary to Diabetes**

↳ Describe

☒ Active

☐ History of

☐ Rule out

↳ Supported by

☐ Decreased GFR

☐ Albuminuria

☐ Elevated BUN/
Creatinine

☐ Dialysis

☒ Other

Other

↳ Describe

comments

not officially diagnosed yet, defined as "low kidney function"

↳ Patient on ACE or ARB

☒ Yes

☐ No

Diabetes

↳ Describe

☒ Active

☐ History of

☐ Rule out

↳ Supported by

☒ Symptoms

☐ Physical findings

☒ Lab tests

☒ Medications

☐ Other

↳ Type

☐ Type 1

☒ Type 2

☐ Gestational

↳ Most recent Hb A1C, value

comments

unknown

↳ And Date

comments

last PCP visit tested

↳ Met with a nurse or dietician for diabetic education

☐ Yes

☒ No

↳ Met with a diabetic educator

☐ Yes

☒ No

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

☒ Yes

☐ No

comments

diaphoretic with increased exertion

Do you often feel thirsty?

☐ Yes

☒ No

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

☒ Yes

☐ No

comments

burning in bilateral feet/legs, mild, not diagnosed as neuropathy

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

☐ Yes

☒ No

Do you get ulcers on your legs or feet?

☐ Yes

☒ No

Do you feel sluggish?

☐ Yes

☒ No

Do you sweat a lot or constantly feel hot?

- ☐ Yes
- ☒ No

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

- ☒ Yes
- ☐ No

comments

"low kidney function"

Have you ever had dialysis?

- ☐ Yes
- ☒ No

Is your skin itchy?

- ☐ Yes
- ☒ No

Do you test your blood sugar?

- ☒ Yes
- ☐ No

comments

fasting blood glucose 120s

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
- ☒ Other
- ☐ Anemia
- ☐ Community Acquired MRSA Infection
- ☐ Herpes Zoster
- ☐ Immune Deficiency
- ☐ Lymphoma
- ☐ Sepsis
- ☐ Sickle Cell Trait
- ☐ Thrombocytopenia
- ☐ Vitamin D Deficiency

comments

low iron but not diagnosed as anemic

Other

Describe

- ☐ Active

Supported by

- ☐ History
- ☐ Medications
- ☐ Biopsy

Other

History of

- ☐ Symptoms
- ☒ Test results
- ☐ DME

Rule out

- ☐ Physical Findings
- ☐ Image studies
- ☐ Other

Easy bruising or abnormal bleeding

- ☐ Yes
- ☒ No

Long term anticoagulation use

- ☐ Yes
- ☒ No

Cancer

Diagnosis of Cancer	Yes	No
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Pain

Does the patient experience pain?

☐ Yes

☒ No

Vital Signs

Vital Signs

comments

Vital signs were obtained during telehealth visit by automatic BP machine and physical exam of patient's breathing status

Blood Pressure		Pulse	Respiratory Rate	Temp	Pulse Oximetry	Pain Scale /10
148 (mmHG)	83 (mmHG)	67 (bpm)	14			0

BMI

Patients Height		Patients Weight	Calculate BMI
5 (Feet)	9 (Inch)	234 (lbs)	34.6

- ☒ **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
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Head and Face

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

Comment: telehealth visit, unable to perform

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: telehealth appointment, unable to perform

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

Comment: telehealth appointment, unable to perform internal exam, external exam of nose and nares appears normal

Inspection of lips, teeth and gums:	Normal	Abnormal
Examination of oropharynx:	Normal	Abnormal

Neck

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

Comment: telehealth appointment, unable to perform, no obvious mass during direct visualization, full ROM to neck

Pulmonary

Assessment of respiratory effort:	Normal	Abnormal
Percussion of chest:	Normal	Abnormal

Comment: telehealth appointment, unable to perform

Palpation of chest:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform

Auscultation of lungs:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform, normal/ equal rise and fall observed

Cardiovascular

Palpation of heart:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform

Auscultation of heart:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform

Carotid Arteries:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform

Abdominal Aorta:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform, visual exam of abdomen demonstrates obese, round, no obvious mass

Pedal Pulses:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform, patient touched feet during exam, CR 2-3 seconds

Examination of Arterial Pulses:	Normal	Abnormal
Comment: telehealth appointment, unable to perform		
Examination of Edema / Varicosities:	Normal	Abnormal
Comment: telehealth appointment, unable to perform, visualization does not demonstrate swelling/pitting, ankle socks fit comfortably		

Lymphatic

Palpation of cervical nodes (neck)	Normal	Abnormal
Comment: telehealth appointment, unable to perform		
Palpation of preauricular nodes (in front of the ears)	Normal	Abnormal
Comment: telehealth appointment, unable to perform		
Palpation of Submandibular nodes (under jaw line/chin)	Normal	Abnormal
Comment: telehealth appointment, unable to perform, no obvious mass or deformity during visualization		

Musculoskeletal

Examination of gait and station:	Normal	Abnormal
Inspection/palpation of digits and nails:	Normal	Abnormal
Inspection/palpation of joints, bones and muscles:	Normal	Abnormal
Comment: normal, full ROM to arms and legs, able to rise from seated position without difficulty, normal gait		
Assessment of range of motion:	Normal	Abnormal
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
Comment: telehealth appointment, unable to perform		

Neurologic

Indicate specific cranial nerve tested
Indicate cranial nerve deficits found

Romberg Test	Normal	Abnormal
Comment: telehealth appointment, unable to perform		
Examination of reflexes:	Normal	Abnormal
Comment: telehealth appointment, unable to perform		

Examination of sensation:	Normal	Abnormal
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Comment: telehealth appointment, unable to perform

Coordination:	Normal	Abnormal
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Diabetes

Foot Exam:	Normal	Abnormal
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Psychiatric

Description of patient's judgement / insight:	Normal	Abnormal
Orientation of person, place and time:	Normal	Abnormal
Recent and remote memory:	Normal	Abnormal

Comment: able to recall recent presidential election

Mood and affect:	Normal	Abnormal
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Screenings Needed

Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnoses	Comments
DIGITAL_RETINAL_EXAM	No	Select			No				
HBA1C	No	Select			No		was done at recent PCP visit, daughter cannot recall the result		
MICROALBUMIN	No	Select			No				
FOBT	Yes	Select			No				
DEXA	N/A	Select			No				
PAD	No	Select			No				
LDL	No	Select			No				

Mini-Cog

39. Mini- Cog (see attached sheet)

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, sunrise, chair

Word Recall :	3 Points	1 point for each word spontaneously recalled without cueing. Home Safety Yes
Clock Draw :	2 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 :	5 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

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

Comment:

unsure where to look but reports appropriate water temperature

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?

Diet, wants to better follow low sodium diet and eat less sweets

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

"better BP readings"

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 :

After confirmation of patient's name and DOB and okay for involvement of the patient's daughter Tooba for the appointment a virtual visit was performed. Information was provided by the patient and his daughter Tooba. The patient was pleasant and appropriate during the visit and answered all questions. Part of the physical exam including auscultation and palpation were not able to be assessed due to the nature of a virtual visit. Inspection and direct visualization were utilized to assess appearance/normal variance. All questions were answered and they understand further communication will be provided by focus care if there are any additional questions or concerns.

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 :	2021-01-27T17:30
Time exam finished	2021-01-27T18:15
I accept the Disclosure Statement	
Consented to Video chat	<input checked="" type="checkbox"/>
Provider Signature	

	<div><div><div>Lindsay M Otis, FI</div><div><div>Digitally signed by Lindsay Otis, NP</div><div>2021-01-27, 19:24</div></div></div></div>
Addendum	

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?