

HRA Form

Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	RAELENE TOUPIN
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1977-03-11
Evaluation Date :	2021-7-20 09:00 AM
Visit Type :	Virtual: Video & Audio Capability

Demographics

Plan	VPHP - VIRGINIA PREMIER
Program	MEDICARE
LOB	DSNP
Name	RAELENE TOUPIN
Gender	Female
Address	612 BISHOP DRIVE
City	VIRGINIA BEACH
State	VA
Zip	23455-6010
Date of Birth	1977-03-11
Age(as of date)	44
Marital Status	Single
Member Identification Number	11018250
HICN	4QF7ED1JU68
Phone Number	757-435-1349
Cell Number	7574995589
Alternate Contact Number	
Email	
Emergency Contact	Denise Toupin
Phone Number	757-435-1349
Primary Care Physician	MARSHALL, SHERI TAMARA
Phone Number	757-363-6800
PCP Address	816 Independence Blvd Ste 100
PCP City	Virginia Beach
PCP State	VA

PCP Zip	234556010
PCP County	
Office ID	P9634585
Office Name	SENTARA FAMILY MEDICINE PHYSICIANS

1. Race

- ☒ **Caucasian**
☐ African American
 ☐ Asian
☐ Latino
 ☐ Native American
 ☐ Native Hawaiian or other Pacific Islander
☐ Alaskan Native
 ☐ Other

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

special education

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
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**
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
Neurologist	Dr. Betenjani	Seizure disorder
Gastroenterologist	Dr. Hussein Hussein	COLON POLYPS

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
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

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	DM	
Mother	COPD	

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Yes

Breast Exam/Mammography	Yes
Cervical Screening	Not Applicable
Bone Density	Not Applicable
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

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

comments

colonoscopy 04/21/21: polyps

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
- Pneumovax

☒ Yes

☐ No

☐ Unknown

Prevenar

☐ Yes

☐ No

☒ Unknown

34. Have you been vaccinated for Herpes Zoster?

- ☐ Yes
- ☒ No

Allergies / Medications

35. Allergies

- ☒ Yes
- ☐ No

Substance	Reaction
tegretol	blisters
dapsone	ANA

Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status	
Seizures	divalproex	1000MG	PO = By Mouth	QAM	NEUROLOGIST	Taking	Not Taking
Agression	Buspirone	10mg	PO = By Mouth	QAM	PCP	Taking	Not Taking
Hypothyroidism	Levoxyl	50mcg	PO = By Mouth	QD	PCP	Taking	Not Taking
Depression	zoloft	100mg	PO = By Mouth	QD	PCP	Taking	Not Taking
Seizures	vimpat	150mg	PO = By Mouth	BID	NEUROLOGIST	Taking	Not Taking
Seizures	Keppra	1000mg	PO = By Mouth	BID	NEUROLOGIST	Taking	Not Taking
Seizures	divalproex	250mg	PO = By Mouth	QPM	NEUROLOGIST	Taking	Not Taking
Seizures	Diastat	10mg	R = Rectal	PRN	NEUROLOGIST	Taking	Not Taking
Vitamin D def	vitamin d	250 kiu	PO = By Mouth	PRN	PCP	Taking	Not Taking
hypothyroidism	Levoxyl	50mcg	PO = By Mouth	QD	pcp	Taking	Not Taking

36. Over the Counter Medications / Supplements

☒ Yes
☐ No

Date	Description	Dose/Units	Route	Frequency
07-20-2021	Miralax	17grams	PO = By Mouth	QD

37. Chronic Use of

☒ None

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

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

Diagnoses

- ☐ Acute Pulmonary Embolism

☒ Asthma

☐ Chronic Respiratory Failure

☐ COPD

☐ Hypoventilation secondary to Obesity

☐ Pneumonia

☐ Respirator Dependence/Tracheostomy Status

☐ Sarcoidosis

☐ Other
- ☐ Acute Upper Respiratory Infection

☐ Chronic Pulmonary Embolism

☐ Chronic Sputum Production

☐ Cystic Fibrosis

☐ Hypoxemia

☐ Pulmonary Fibrosis

☐ Respiratory Arrest

☐ Sleep Apnea

Asthma

Describe

- ☐ Active

☒ History of

☐ Rule out

comments

History of Asthma with no other exacerbations after age of 16 years. Pt would use Steroid inhalers and nebulizer medications when Asthma flared

Supported by

- ☒ Wheezing

☐ Use of Bronchodilator

☐ Other

☐ Chronic Cough

☐ Use of Inhaled or oral steroids

☐ Cyanosis

☐ Use of ventilator

Is patient on controller medications

- ☐ Yes

☒ No

Does patient use rescue medications

- ☐ Yes

☒ No

Does patient have current exacerbation

☐ Yes ☒ No
 Use of Oxygen
☐ Yes ☒ No
 Shortness of breath
☐ Yes ☒ No
 Wheezing
☐ Yes ☒ No
 Chronic Cough
☐ Yes ☒ No
 Patient requires durable medical equipment
☐ Yes ☒ No

Cardiovascular (Hypertension, Angina, Ischemic Heart Disease(CAD), Myocardial Infarction, Other)
☐ Yes ☒ No

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

↳ Diagnoses

<input type="checkbox"/> Bowel Obstruction	<input type="checkbox"/> Cachexia
<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Cirrhosis
<input checked="" type="checkbox"/> Colon Polyps	<input type="checkbox"/> Diverticulitis
<input type="checkbox"/> Gall Bladder Disease	<input type="checkbox"/> Gastroparesis
<input type="checkbox"/> GERD	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Inflammatory Bowel Disease	<input type="checkbox"/> Pancreatitis
<input type="checkbox"/> Ulcer Disease	<input type="checkbox"/> Other

Colon Polyps

↳ Describe

☒ **Active**

☐ History of

☐ Rule out

↳ Supported by

☒ **History**

☐ Symptoms

☒ **Physical Findings**

☐ Medications

☐ Test results

☐ Image studies

☒ **Biopsy**

☐ DME

☐ Other

comments

colonoscopy 04/21/21. Pt is to have a colonoscopy every three years

↳ Describe

☒ **Benign**

☐ Carcinoma in situ

☐ Familial Polyposis

History of blood in stool
☐ Yes ☒ No
 History of black stools
☐ Yes ☒ No
 History of Heartburn / Dyspepsia
☐ Yes ☒ No
 History of Vomiting or Regurgitation
☐ Yes ☒ No
 History of pain after eating
☐ Yes ☒ No
 History of Jaundice
☐ Yes ☒ No

Do you follow a special diet?

☐ Yes ☒ No

Do you have frequent abnormal abdominal pain?

☐ Yes ☒ No

Do you have intermittent nausea or vomiting?

☐ Yes ☒ No

Do you have trouble with constipation?

☒ Yes ☐ No

comments

Miralax daily

Does diarrhea limit your ability to get out of the room or socially?

☐ Yes ☒ No

Do you see blood in your urine?

☐ Yes ☒ No

Do you have Frequent Stomach Pain

☐ Yes ☒ No

Bowel Movements

☐ Normal ☒ Abnormal

↳ If abnormal

☒ Constipation

☐ Diarrhea

☐ Bowel Incontinence

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

☐ Alcohol Dependence

☐ Bipolar Disorder

☐ Cerebral Palsy

☐ Dementia

☐ Drug Dependence

☐ Generalized Anxiety Disorder

☐ Hemiparesis

☐ Insomnia

☐ Migraine Headaches

☐ Muscular Dystrophy

☐ Parkinson's disease

☐ Restless leg syndrome

☒ Seizure Disorder

☐ Amyotrophic Lateral Sclerosis

☐ Cerebral Hemorrhage

☐ Delusional Disease

☒ Depression

☐ Fibromyalgia

☐ Guillain-Barre Disease

☐ Huntington's Chorea

☒ Intellectual and or Developmental Disability

☐ Multiple Sclerosis

☐ Myasthenia Gravis

☐ Peripheral Neuropathy

☐ Schizophrenia

☐ Spinal Cord Injury

- ☐ Stroke

☐ TIA

☒ Other

Depression

Describe

☒ Active

Supported by

☐ Symptoms

Other

Major

Yes

Supported by

☐ PHQ 9

NO

Hospitalization

☐ Subdural Hematoma

☒ Traumatic Brain Injury

☐ History of

☐ PHQ 2 / 9

☐ Rule out

☒ Use of antidepressant medication

☒ Chronic use of antidepressant medication beyond 6 months

☐ Use of ECT

comments

Zoloft

- ☐ Intellectual and or Developmental Disability

Describe

☒ Active

Supported by

☒ History

☒ Medications

☐ Biopsy

Describe

☐ Down's Syndrome

☐ History of

☒ Symptoms

☐ Test results

☐ DME

☐ Rule out

☐ Physical Findings

☐ Image studies

☐ Other

☐ Psychomotor Retardation

☒ Other

Other

Describe

comments

related to TBI and possible anoxic brain injury when pt was three years old. Patient cannot read or write

- ☐ Seizure Disorder

Describe

☒ Active

Supported by

☒ History of recurrent seizures

☒ Medications

☐ Other

☐ History of

☐ Rule out

☐ Laboratory testing
- comments
- Divalproex, Keppra, Vimpat, Diastat
- ☐ Traumatic Brain Injury

Describe


☐ Active

☒ History of

☐ Rule out

comments

Pt had TBI when she was three years old as a result of two twelve year old boys pushing her down. Pt hit her head and was not breathing when she arrived at the hospital. Prior to incident pt's family states pt was a normal three year old child.



11

- ↳ Supported by
 - ☒ Hospitalization
 - ☐ Image studies
 - ☐ Physical findings
 - ☐ Other
- Other
 - ↳ Describe
 - ☒ Active
 - ☐ History of
 - ☐ Rule out
 - ↳ Supported by
 - ☐ History
 - ☒ Symptoms
 - ☐ Physical Findings
 - ☒ Medications
 - ☐ Test results
 - ☐ Image studies
 - ☐ Biopsy
 - ☐ DME
 - ☐ Other
 - ↳ Other

comments

Pt is physically aggressive towards her mother. Pt takes Buspar which has calmed the aggression

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

History of headaches

☐ Yes ☒ No

History of auditory hallucinations

☐ Yes ☒ No

History of visual hallucinations

☐ Yes ☒ No

History of psychotic behavior

☐ Yes ☒ No

History of episodes of delirium

☐ Yes ☒ 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

Do you have trouble with your memory?

☐ Yes ☒ No

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**
- ☐ Patient oriented to place
 ☒ **Yes**
☐ **No**
- ☐ Patient oriented to time
 ☐ **Yes**
☒ **No**
- ☐ Recall
 ☐ **Good**
☐ **Poor**

comments: difficult to assess as pt is mainly non-verbal, answers with one word responses and will not engage with provider

- ☐ Patient describes recent news event
 ☐ **Yes**
☐ **Partially**
☒ **No**

Affect

- ☐ **Normal**
☒ **Abnormal**

comments: agitated, will not engage with provider

- ☐ If abnormal,
 ☐ **Paranoia**
☐ **Delusional**
☐ **Disorganized thought**
- ☐ **Flat**
☐ **Manic**
☐ **Depressed**
- ☒ **Other**

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

non-verbal, is able to say one word responses

Finger to Nose

☐ Normal

☐ Abnormal

comments

virtual visit

Heel (Shin) to Toe

☒ Normal

☐ Abnormal

Thumb to Finger Tips

☐ Normal

☐ Abnormal

comments

pt refused

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

☐ Ataxic

☐ Other (Findings may also apply to Musculoskeletal diagnoses)

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
- ☒ Hypothyroidism
- ☐ Peripheral Neuropathy secondary to Diabetes
- ☐ Hyperparathyroidism
- ☐ Coronary Artery Disease and Diabetes
- ☐ Diabetes
- ☐ Secondary Hyperparathyroidism
- ☐ Hyperthyroidism
- ☐ Kidney Stone
- ☐ Peripheral Vascular Disease secondary to Diabetes
- ☐ Other

Hypothyroidism

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ Weight gain

☐ Depression

☐ Fatigue

☒ Treatment for hypothyroidism

☐ Hair changes

☐ Lab data

☐ Other

comments

Levoxyl

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

☐ Yes

☒ No

Do you often feel thirsty?

☐ Yes

☒ No

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

☐ Yes

☒ No

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

Have you ever had dialysis?

☐ Yes

☒ No

Is your skin itchy?

☐ Yes

☒ No

Do you test your blood sugar?

☐ Yes

☒ No

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

Vitamin D Deficiency

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☒ Labs

☒ Medications

☐ History

☐ Other

comments

vitamin d twice a month

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

virtual visit

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

BMI

Patients Height		Patients Weight	Calculate BMI
5 (Feet)	6 (Inch)	132 (lbs)	21.3

- ☐ 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: virtual visit

Eyes

Inspection of conjunctiva and lids:	Normal	Abnormal
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Comment: pt refused

Examination of pupils and irises:	Normal	Abnormal
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Comment: pt refused

Ears, Nose, Mouth and Throat

External Inspection of ears and nose:	Normal	Abnormal
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Comment: pt refused

Otoscopic examination:	Normal	Abnormal
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Comment: virtual visit

Assessment of hearing:	Normal	Abnormal
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Inspection of nasal mucosa, septum and trubينات:	Normal	Abnormal
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Comment: refuses to cooperate with exam

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

Comment:

pt refused

Examination of oropharynx:	Normal	Abnormal
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Comment: pt refused

Neck

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

Comment: virtual visit

Pulmonary

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

Comment: virtual visit

Palpation of chest:	Normal	Abnormal
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Comment: virtual visit

Auscultation of lungs:	Normal	Abnormal
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Comment: virtual visit

Cardiovascular

Palpation of heart:	Normal	Abnormal
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Comment: virtual visit

Auscultation of heart:	Normal	Abnormal
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Comment: virtual visit

Carotid Arteries:	Normal	Abnormal
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Comment: virtual visit

Abdominal Aorta:	Normal	Abnormal
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Comment: virtual visit

Pedal Pulses:	Normal	Abnormal
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Comment: virtual visit

Examination of Arterial Pulses:	Normal	Abnormal
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Comment: virtual visit

Examination of Edema / Varicosities:	Normal	Abnormal
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Lymphatic

Palpation of cervical nodes (neck)	Normal	Abnormal
Comment: virtual visit		
Palpation of preauricular nodes (in front of the ears)	Normal	Abnormal
Comment: virtual visit		
Palpation of Submandibular nodes (under jaw line/chin)	Normal	Abnormal
Comment: virtual visit		

Musculoskeletal

Examination of gait and station:	Normal	Abnormal
Inspection/palpation of digits and nails:	Normal	Abnormal
Comment: virtual visit		
Inspection/palpation of joints, bones and muscles:	Normal	Abnormal
Comment: virtual visit		
Assessment of range of motion:	Normal	Abnormal
Assessment of stability:	Normal	Abnormal
Comment: virtual visit		
Assessment of muscle strength/tone:	Normal	Abnormal
Comment: virtual visit		

Skin

Inspection of skin and subcutaneous tissue:	Normal	Abnormal
Palpation of skin and subcutaneous tissue:	Normal	Abnormal
Comment: virtual visit		

Neurologic

Indicate specific cranial nerve tested

pt is non-verbal and refuses to cooperate with exam

Indicate cranial nerve deficits found

refused to cooperate. not able to be assessed

Romberg Test	Normal	Abnormal
Examination of reflexes:	Normal	Abnormal
Comment: virtual visit		
Examination of sensation:	Normal	Abnormal
Comment: virtual visit		

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
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Comment: pt is non-verbal and refuses to cooperate with exam

Orientation of person, place and time:	Normal	Abnormal
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Recent and remote memory:	Normal	Abnormal
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Comment: unable to assess

Mood and affect:	Normal	Abnormal
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Comment: agitated

Screenings Needed

Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnoses	Comments
DIGITAL_RETINAL_EXAM	No	Select			Select				
HBA1C	No	Select			Select				
MICROALBUMIN	No	Select			Select				
FOBT	No	Select			Select				
DEXA	N/A	Select			Select				
PAD	No	Select			Select				
LDL	No	Select			Select				

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

Banana
Sunrise
Chair

Version 2

Leader
Season
Table

Version 3

Village
Kitchen
Baby

Version 4

River
Nation
Finger

Version 5

Captain
Garden
Picture

Version 6

Daughter
Heaven
Mountain

Step 2: Clock Drawing

☐ 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 :

Virtual visit completed. Pt's identity confirmed with name, dob, address, and parents. Pt is a 44 year old female that lives at home with her parents. Pt has a history of a TBI with possible anoxic brain injury due to a trauma at three years old. Pt is non-verbal but communicates with single word responses. Pt agitated during exam and refused to comply with most requests. Difficult to assess mentation but mother supplied all answers. Mother states pt has no difficulty with memory and remembers everything she is told. Mother states pt works two afternoons a week and they travel frequently to keep pt active. Mother states pt has a very active social life going out with her friends and family to concerts and amusement parks. Patient has good family support. Patient has not had a cervical cancer screening as pt has had a hysterectomy and mother does not feel pt needs a cervical screening anymore

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 :	2021-07-20T09:00
Time exam finished	2021-07-20T09:50
I accept the Disclosure Statement	<input checked="" type="checkbox"/>
Consented to Video chat	<input checked="" type="checkbox"/>
Preventative Care checklist reviewed and left with member	<input type="checkbox"/>
Provider Signature	<div> <div> Leslie Berryman, NP-C </div> <div>  </div> <div> Digitally signed by Leslie Berryman, FNP 2021-07-25, 21:31 </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?