



c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

COOLEY, AMY A
13198 James Madison Hwy
Orange, VA, 22960-2808

Dear Dr. COOLEY, AMY A

Through our partnership with Focus Care, your patient, covered through Virginia Premier Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

FLORENCE BRAXTON
1931-03-23
11000208

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concern.

If you have any questions or if you want to set up an In-Home Health Review, please call us at <1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm>.

Sincerely,

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name	: FLORENCE BRAXTON	Age	: 90
Date of Birth	: 1931-03-23	Member ID	: 11000208
Evaluator Name	: Jennifer B	Date	: 2021-06-09T10:58
Gender	: Female	Address	: PO BOX 1115,ORANGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5403087403,5407483174

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	8
Age	90	Patients Height	5 feet 2 inch	Patients Weight	180 lbs
BMI	32.9(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
PCN	hives

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
diabetes	METFORMIN	TAB 500MG	PO = By Mouth	BID	Dr. Marina	Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Not Taking
UTI	CIPROFLOXACN	TAB 500MG	PO = By Mouth	BID	ED physician	Taking
diabetes	GLIPIZIDE ER	TAB 2.5MG	PO = By Mouth	AC	Dr. Marina	Taking
HTN	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	Dr. Marina	Taking
HTN	ATENOLOL	TAB 100MG	PO = By Mouth	QD	Dr. Marina	Taking
DVT	ELIQUIS	TAB 2.5MG	PO = By Mouth	BID	Dr. Marina	Taking

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	SMZ/TMP DS	TAB 800-160	Select	Select		Not Taking
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QD	Dr. Marina	Taking
HTN	HYDRALAZINE	TAB 25MG	PO = By Mouth	TID	Dr. Marina	Taking
	SANTYL	OIN 250/GM	Select	Select		Not Taking
HTN	LOSARTAN POT	TAB 100MG	PO = By Mouth	QD	Dr. Marina	Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Not Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Not Taking
	DICLOFENAC	GEL 0.01	Select	Select		Not Taking
	KETOROLAC	SOL 0.005	Select	Select		Not Taking
	LISINOPRIL	TAB 40MG	Select	Select		Not Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-01	tylenol	500mg	PO = By Mouth	PRN

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By History, Symptoms, Physical Findings

Secondary to Diabetes : **Yes**

Difficulty Swallowing

Have you had a stroke : **Yes**

difficulty swallowing meats

Do you eat a special diet : **No**

Carotid Stenosis, Supported By History of TIAs, Laboratory studies

Describe : **Bilateral**

on eliquis

Atrial Fibrillation, Supported By Chronic

Supported by : **Medications**

Is patient taking : **Anticoagulant**

Congestive Heart Failure, Supported By Ejection fraction

Describe : **Unknown**

Secondary to Hypertension : **Yes**

Is patient on an ACE or ARB : **Yes**

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Is patient on a Beta Blocker : **Yes**

Hyperlipidemia, Supported By Lab results

Is patient on Statin : **No**

managed with diet, not on statin due to report of increased cramping in legs

Hypertension, Supported By Physical Exam, Medications

Adequately controlled : **Yes**

GERD, Supported By Heartburn / Dyspepsia, Medications

Dementia, Supported By Mental testing

Type of Dementia : **Etiology Unknown**

Hemiparesis, Supported By Right sided

Supported by : **Physical findings**

r/t cerebral infarct hx

Frequent UTI, Supported By Cultures, Laboratory results

Urinary Incontinence, Supported By Symptoms, Physical Findings

Related to stress : **No**

Describe : **Daily**

Degenerative Disc Disease, Supported By Physical Findings, Image studies

Normal bladder and bowel function : **No**

Site of disease : **Lumbar**

Osteoarthritis, Supported By Symptoms, Physical Findings

Which joints : **hands, knees**

Chronic Kidney Disease secondary to Diabetes, Supported By Decreased GFR

Patient on ACE or ARB : **Yes**

Diabetes, Supported By Lab tests, Medications

Type : **Type 2**

Most recent Hb A1C, value : **unknown**

And Date : **unknown**

Met with a nurse or dietician for diabetic education : **Yes**

Met with a diabetic educator : **No**

Hypertension and Diabetes, Supported By Symptoms, Medications, Test results

Is patient on Ace or ARB : **Yes**

History Of

Vertigo, Supported By Symptoms

Do you lose your balance : **No**

reports vertigo with sudden change in position, as well as onset without any activity

Deep Vein Thrombosis, Supported By History of

Supported by : **Use of anticoagulation**

Describe :

Persistent for three months or more : **Yes**

Stroke, Supported By Hospitalization, Image study

TIA, Supported By History, Physical exam, Image studies

Gout, Supported By History of attacks in Foot, Lab tests

Herpes Zoster, Supported By Rash, Symptoms

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Care management related to self - assessment and psychosocial behaviors

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How much school have you completed? : **Completed 3rd grade**

Comment :

How confident are you in filling out medical forms by yourself? : **Not at All Confident**

Comment :

- Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? : **Yes**

Comment :

- Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication? : **Yes**

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? : **No**

Comment :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : **No**

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **Need Total Help**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **Need Total Help**

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **Need Total Help**

F. Eating : **No**

G. Walking : **Need Total Help**

How far can you walk : **Non-ambulatory**

H. Going up or down stairs : **Need Total Help**

How many stairs can you climb : **None**

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Care management related to past medical history

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

Answer: Wheel Chair

Are you currently seeing any specialists?

Answer: No

If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 3

A. Seen your PCP

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : 4

If one or more, describe

UTI

C. Stayed in the hospital overnight : 4

If one or more, describe

complicated UTI secondary to ecoli

D. Been in a nursing home : None

E. Had Surgery : None

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

Answer: Yes

Describe

Answer: complicated uti

- In the past year how many times have you Fallen?

Answer: None

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: No

-Have you lost weight in the past 6 months?

Answer: None

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable

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If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	diabetes	

- In the past year how many times have you Fallen?

Answer: None

Assessors Comments :

Patient agreed to virtual visit. Patient identified by name, dob, and address. Areas of the assessment and cranial nerves not completed due to virtual visit. Patient and daughter requests for meals on wheels and physical/occupational therapy be resumed. Recommend speech therapy eval for new onset dysphagia. Patient and daughter both educated on importance of preventative screening. Please send referral to VA Premier case management for meals on wheels, ot/pt and ST for new onset dysphagia