



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

JOSEPH, LERLA G
849 S Sycamore St Ste A
Petersburg, VA, 238035801

Dear Dr. JOSEPH, LERLA G

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:

CONSTANCE B HARRIS
1964-12-04
11000440

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 | : CONSTANCE B HARRIS | Age | : 56 |
| Date of Birth | : 1964-12-04 | Member ID | : 11000440 |
| Evaluator Name | : Brittney | Date | : 2021-07-08T20:14 |
| Gender | : Female | Address | : 206 HOSPITAL ST,RICHMOND,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : harrisconstance16@gmail.com | Phno | : 8047736571,8042890485 |

Your Vital Signs

| | | | | | |
|----------------|--|-----------------|---------------|------------------|---------|
| Blood Pressure | 138/88 mmHG | Pulse | 73 bpm | Respiratory Rate | 18 |
| Temp | 97.4 | Pulse Oximetry | 99 | Pain Scale /10 | 0 |
| Age | 56 | Patients Height | 5 feet 3 inch | Patients Weight | 205 lbs |
| BMI | 36.3(Moderate Obesity (BMI 35 – 39.9)) | | | | |

Your Screenings

| Screening Name | Screening Completed | Exam Date | Screening Result | Diagnosis | Comments |
|----------------------|---------------------|------------|---------------------------|---|-------------------------------|
| DIGITAL_RETINAL_EXAM | Yes | 2021-07-08 | too dark images | type 2 diabetes; cataract; diabetic retinopathy | |
| HBA1C | Select | | | | |
| MICROALBUMIN | Select | | | | |
| FOBT | Select | | | | |
| DEXA | Select | | | | |
| PAD | Yes | 2021-07-08 | Rt foot=0.60(moderate) | type 2 diabetes mellitus with complications; diabetic peripheral neuropathy | discussed results with member |
| Peak Flow Meter | Select | | Lt foot=0.41(significant) | | |

Allergies

Answer: yes

| Substance | Reaction |
|-------------|-------------------------|
| pravastatin | myalgias, rash |
| PCN | rash, swelling, itching |

Your Medications

| Diagnoses | Label Name | Dose / Units | Route | Frequency | Prescribing Physician | Status |
|-----------|-------------|--------------|---------------|-----------|-----------------------|--------|
| gerd | OMEPRAZOLE | CAP 40MG | PO = By Mouth | QD | vango NP | Taking |
| t2dm | OZEMPIC | INJ 2/1.5ML | PO = By Mouth | QW | vango NP | Taking |
| htn | AMLODIPINE | TAB 10MG | PO = By Mouth | QD | vango np | Taking |
| htn | HYDRALAZINE | TAB 50MG | PO = By Mouth | TID | vango NP | Taking |

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| | | | | | | |
|-----------------------|-----------------|--------------------|-------------------|-----|---------------------|--------|
| htn, chf | CARVEDILOL | TAB 25MG | PO = By Mouth | BID | vango NP | Taking |
| hyperlipidemia | ATORVASTATIN | TAB 40MG | PO = By Mouth | HS | vango NP | Taking |
| peripheral neuropathy | PREGABALIN | CAP 50MG | PO = By Mouth | BID | Dr. Sonta faircloth | Taking |
| t2dm | LANTUS | INJ 100/ML 25units | SQ = Subcutaneous | BID | vango NP | Taking |
| chf | FUROSEMIDE | TAB 20MG | PO = By Mouth | BID | Kunaparaju | Taking |
| prophylactic | aspirin | 81mg | PO = By Mouth | QD | vango np | Taking |
| IDA | ferrous sulfate | 325mg | PO = By Mouth | TID | vango NP | Taking |
| ADHD | BUPROPION HCL | 150mg | PO = By Mouth | QD | sherman francis | Taking |
| t2dm | humalog | 12units | SQ = Subcutaneous | TID | vango NP | Taking |

Over the Counter Medications / Supplements

Answer: No

- Race

Answer: African American

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By History, Physical Findings

Secondary to Diabetes : Yes

Difficulty with vision

Legally Blind : No

Retinal Disease, Supported By History, Symptoms

Secondary to Diabetes : Yes

Vitreous Hemorrhage : No

Congestive Heart Failure, Supported By Medications, Peripheral edema

Describe : Unknown

Secondary to Hypertension : Yes

Is patient on an ACE or ARB : Yes

Is patient on a Beta Blocker : Yes

Hyperlipidemia, Supported By Medication

Is patient on Statin : Yes

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Hypertension, Supported By Medications

Adequately controlled : **Yes**

Ischemic Heart Disease (CAD), Supported By Medications, ECG

GERD, Supported By Heartburn / Dyspepsia, Medications

Depression, Supported By Use of antidepressant medication

Major : **NO**

Peripheral Neuropathy

Secondary to Diabetes : **Yes**

Other, Supported By History, Medications

Other : **ADHD**

Chronic Kidney Disease, Supported By Lab tests

What stage : **3 [GFR 30-59]**

Secondary to Diabetes : **Yes**

Secondary to Hypertension : **Yes**

Chronic Kidney Disease secondary to Diabetes, Supported By Decreased GFR

Patient on ACE or ARB : **Yes**

Coronary Artery Disease and Diabetes, Supported By Medications

Is patient on a statin : **Yes**

Is patient on an aspirin : **Yes**

Diabetes, Supported By Symptoms, Lab tests, Other

Describe : **her FBG 178mg/dl this morning - states she ate too late last night. Her usual BG range is 140-170mg/dl**

Type : **Type 2**

gestational diabetes with 2nd pregnancy

Most recent Hb A1C, value : **7.50%**

And Date : **Jun-21**

Met with a nurse or dietician for diabetic education : **No**

Met with a diabetic educator : **No**

Diabetic Retinopathy, Supported By Vision loss

Patient sees Ophthalmologist : **Twice a year**

Hypertension and Diabetes, Supported By History, Medications

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

Peripheral Neuropathy secondary to Diabetes

Patient sees Podiatrist : **Yes**

How often : **Once a year**

Anemia, Supported By Lab tests

Etiology : **Iron deficiency**

iron deficiency anemia secondary to CKD

If yes, Patient on : **Iron**

History Of

Generalized Anxiety Disorder, Supported By Symptoms

Stroke, Supported By Hospitalization

Other, Supported By History

Other :

Vitamin D Deficiency, Supported By Labs

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Care management related to self - assessment and psychosocial behaviors

- Social service referral to further assess social support infrastructure
Who do you currently live with? : **Alone**
Comment :
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 ADLs.
Refer patient for a physical therapy evaluation
A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's
B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

H. Going up or down stairs : **No**

Care management related to past medical history

- Do you use any assistive devices? (Check device or none if no devices used)
Answer: Cane , Other
- Are you currently seeing any specialists?

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Answer: Yes

| Medical Specialty | Specialist | For |
|--------------------|------------------|----------------------|
| Cardiologist | unknown MD | CHF |
| Nephrologist | Dr. Kudiragic | CKD |
| Gastroenterologist | Dr. Leggins | GERD |
| Podiatrist | Dr. Faircloth | T2DM |
| Ophthalmologist | VA eye institute | diabetic retinopathy |

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

Refer patient for a physical therapy evaluation : 5 or more

A. Seen your PCP

Comment: > 5

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

B. Visited the Emergency Room : None

C. Stayed in the hospital overnight : None

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: last hospitalized for CVA in 2020 for 2-3 days

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

Answer: Once

Do you worry about falling or feeling unsteady when standing or walking

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

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 |

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| | |
|----------------------------|-----|
| Breast Exam/Mammography | Yes |
| Cervical Screening | Yes |
| Bone Density | No |
| Prostate Exam/PSA | No |
| 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 |
|---------------|-------------------------|----------------|
| Father | CHF, MI, CAD, HTN, T2DM | CHF |
| Sibling1 | CHF | CHF |

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

Answer: Once

Do you worry about falling or feeling unsteady when standing or walking

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

Assessors Comments :

56yo female that lives alone in apartment setting. She wishes to get out of her current residence because of the drug traffic within her building. She is a former user, recovered in 2003, sees psychiatrist for ADD. She had a stroke in February 2020 for which she received PT/OT services. She fell last week looking at her phone and not paying attention to where she was walking. Preventative care discussed in length with member. She is doing well and voices no complaints or needs from her insurance company. PAD testing & retinal images obtained (images were too dark) - member verbalizes understanding the importance of follow-up care with ophth for eye dilatation. She eats a well-balanced diet and checks her BG twice daily. COPD is in previous documented conditions; however, member denies this history.