



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

Amanda George  
4744 FINLAY ST  
HENRICO, VA, 232312754

Dear Dr. Amanda George

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:

JUDITH L AUSTIN  
1956-04-16  
11000913

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	: JUDITH L AUSTIN	Age	: 65
Date of Birth	: 1956-04-16	Member ID	: 11000913
Evaluator Name	:	Date	: 2021-07-14T15:15
Gender	: Female	Address	: 1309 NEW MARKET RD,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046177937,8042263868

## Your Vital Signs

Blood Pressure	146/86 mmHG	Pulse	80 bpm	Respiratory Rate	18
Temp	96.8	Pulse Oximetry	96	Pain Scale /10	0/10
Age	65	Patients Height	5 feet 8 inch	Patients Weight	258 lbs
BMI	39.2(Moderate Obesity (BMI 35 – 39.9))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select			L: No diabetic Retinopathy R: No diabetic Retinopathy	
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: **yes**

Substance	Reaction
sulfur	GI upset, itching
narcotics	GI upset
latex	itching

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
COPD Exacerbation	AZITHROMYCIN	TAB 250MG	PO = By Mouth	QOD	Dr.West	Taking
COPD	PREDNISONE	TAB 20MG	PO = By Mouth	QD	Dr.West	Taking
GERD	PANTOPRAZOLE	TAB 40MG	PO = By Mouth	QD	Dr. Amanda George	Taking
Epilepsy	BRIVIACT	TAB 100MG	PO = By Mouth	BID	Dr.Ward	Taking
DVT Prevention	ELIQUIS	TAB 5MG	PO = By Mouth	BID	Dr.Amanda George	Taking

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Type 2 Diabetes	INVOKANA	TAB 100MG	PO = By Mouth	QD	Amanda George MD	Taking
Anxiety	ALPRAZOLAM	TAB 1MG	PO = By Mouth	HS	Burijon Laura Layman	Taking
COPD	Albuterol	2.5mg-05mg/3 ml	N = Nasal	QID	Dr.West	Taking
COPD	Oxygen	2.5ml	N = Nasal	QD	Dr.West	Taking
Heart Failure	POT CHLORIDE	20meq	PO = By Mouth	QD	Dr.Roa	Taking
COPD	spironalactone	200mg	PO = By Mouth	QD	Dr.West	Taking
Hypertension	TORSEMIDE	100mg	PO = By Mouth	QD	Dr.Aman da Georeg	Taking
Atopic Dermatitis	Triamcinolone	100mg	T = Topical	PRN	Dr.Aman da George	Taking
COPD	ANORO ELLIPT	62.5 mcg-25mcg INH	SQ = Subcutaneous	QD	Dr.West	Taking
Epilepsy	CARBAMAZEPIN	300mg	PO = By Mouth	AC & HS	Dr.Ward	Taking
Depression	DULOXETINE	20mg	PO = By Mouth	QD	Dr.Aman da George	Taking
COPD	FLOVENT DISK	250mcg inh	PO = By Mouth	BID	Dr.West	Taking
Peripheral neuropathy	GABAPENTIN	200mg	PO = By Mouth	TID	Dr.Aman da George	Taking
Angina	isosorbide mononitrate	90mg	PO = By Mouth	QD	Dr.Aman da George	Taking
hypertension	losartan	75mg	PO = By Mouth	QD	Dr.Aman da George	Taking
Alzeheimers	Namenda	10mg	PO = By Mouth	BID	Kaska Rebekah NP	Taking
Angina	NITROGLYCERN	0.4mg	S = Sublingual	PRN	Dr. amanda George	Taking
Hypertension	METOLAZONE	2.5mg	PO = By Mouth	QW	Dr.Aman da george	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-14	Asprin	81mg	PO = By Mouth	qd

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## - Race

Answer: **Caucasian**

## - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Asthma, Supported By Wheezing, Chronic Cough, Use of Bronchodilator, Use of Inhaled or oral steroids

Is patient on controller medications : **Yes**

Does patient use rescue medications : **Yes**

Does patient have current exacerbation : **No**

COPD, Supported By Wheezing, O2 use

Has patient been told they have Chronic Bronchitis : **No**

Has patient been told they have Emphysema : **Yes**

Is patient on Bronchodilator : **Yes**

Route is : **Inhaled**

Is patient on Steroids : **Yes**

Route is : **Inhaled**

Does patient have current exacerbation : **No**

Angina, Supported By Medications

Describe : **Stable**

Congestive Heart Failure, Supported By Medications

Describe : **Unknown**

Secondary to Hypertension : **Yes**

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

Is patient on a Beta Blocker : **No**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

GERD, Supported By Medications

Depression, Supported By Use of antidepressant medication

Major : **Yes**

Supported by : **Chronic use of antidepressant medication beyond 6 months**

Seizure Disorder, Supported By History of recurrent seizures, Medications

Other, Supported By Medications

Other : **Anxiety**

Degenerative Disc Disease, Supported By Medications

Normal bladder and bowel function : **No**

Site of disease : **Lumbar**

Other, Supported By Physical Findings, Other

Describe : **Back Growth Present member will be getting evaluated by dermatologist .**

Other :

Diabetes, Supported By Medications

Type : **Type 2**

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

And Date : **Unknown**

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

Met with a diabetic educator : **No**

## History Of

### Cataracts, Supported By History

Secondary to Diabetes : **Yes**

### Deep Vein Thrombosis, Supported By Rule out

Supported by : **Use of anticoagulation**

Describe :

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

### Hyperlipidemia, Supported By Medication

Is patient on Statin : **No**

### Cancer, Supported By Surgery

Type : **Rectum**

Specific type/s : **Rectal Cancer**

Stage or Classification specific to the cancer : **Unknown**

Active treatment : **No**

History / Finding of Metastasis : **No**

Do you see a specialist? : **Yes**

Provider : **Dr. Tessima**

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## Care management related to self - assessment and psychosocial behaviors

### - Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : **Often**

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 :

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

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

Comment :

### - Further assessment is required with a GAD 7 and or referral for a psychological evaluation

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

Comment :

Do you worry too much about different things? : **Yes**

Comment :

Do you feel afraid that something bad might happen? : **Yes**

Comment :

### - Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

### - Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders : **Yes**

Comment :

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## 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 : **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

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist	Dr. Roa	Heart failure
Neurologist	Dr. Ward	Hydrocephalus
Pulmonologist	Dr. West	emphysema
Psychiatrist	Kaska Rebekah, NP	Eplipsy

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

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: **No**

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

Answer: **None**

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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	Yes
Cervical Screening	Yes
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
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	COPD	Heart Failure
Mother	Rheumatoid Arthritis	Alive

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

Answer: **None**

Assessors Comments :

Member educated on screening and the importance colonoscopy, mammogram and bone scan. Member reminded to comply with her medication administration. Instructed patient to follow diabetic diet and low sodium diet. Member reminded to attend her dermatology appointment for growths noted on her posterior trunk.