

CONFIDENTIAL INFORMATION

From :

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

To :

TU, PRISCILLA
2145 Mount Pleasant Blvd Se
240143632

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

TU, PRISCILLA
2145 Mount Pleasant Blvd Se
Roanoke

TU, PRISCILLA

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:

WALTER D JORDAN
1948-12-01
11001318

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.

Sincerely,

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

Patient Assessment Summary

Name	: WALTER D JORDAN	Age	: 73
Date of Birth	: 1948-12-01	Member ID	: 11001318
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1702 STAUNTON AVE NW,ROANOKE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5405952829,

Your Vital Signs

Blood Pressure	126/80 mmHG	Pulse	67	Respiratory Rate	18
Temp	97.8	Pulse Oximetry	99	Pain Scale /10	0/10
Age	73	Patients Height	5	Patients Weight	166.4
BMI	25.3				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes		WNL EXAM		
HBA1C	Yes		MAIL IN SPECIMEN	DIABETES MELITUS II	
MICROALBUMIN	Yes		MAIL IN SPECIMEN		
FOBT	Yes	2021-02-21	MAIL IN SPECIMEN		
DEXA	Select				
PAD	No				
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
ASA	GI BLEEDING
PCN	HIVES

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
2021-02-20	QUETIAPINE	300 MG	PO = By Mouth	HS		Taking
2021-02-20	METOPROLOL	25 MG	PO = By Mouth	AC		Taking
2021-02-21	LISINAPRIL	20 MG	PO = By Mouth	AC		Taking
2021-02-21	HYDROXYZINE	25 MG	PO = By Mouth	AC		Taking
2021-02-20	FLUOXETINE	60 MG	PO = By Mouth	AC		Taking
2021-02-20	DICYCLOMINE	20 MG	PO = By Mouth	QID		Taking
2021-02-20	BUPROPION	100 MG	PO = By Mouth	BID		Taking
2021-02-20	SUCRALFATE	1 GM	Select	BID		Taking

Over the Counter Medications / Supplements

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Answer: **No**

Race

Answer: **Asian**

Preferred language

Answer: **Other**

If other,

Answer: African languages

Diagnoses under Chronic Care Management

Active

Difficulty Chewing

Because of pain **No**

Other

Other **NO TEETH**

Hyperlipidemia

Is patient on Statin **Yes**

Hypertension

Adequately controlled **Yes**

Bipolar Disorder

Depression

Major **Yes**

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

Generalized Anxiety Disorder

Diabetes

Type **Type 2**

Most recent Hb A1C, value **unknown**

And Date **unknown**

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

Met with a diabetic educator **No**

History Of

Angina

Describe **CAD WITH STENTING**

Describe **Stable**

Ischemic Heart Disease (CAD)

Anemia

Describe **IRON TRANSFUSION PER MEMBER X 1**

Etiology **Iron deficiency**

If yes, Patient on **Other**

Describe :

Care management related to self - assessment and psychosocial behaviors

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Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language**Other**

Comment :

If other,

Comment

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 and or provide medication for smoking cessation.

Tobacco Use**Current**

Comment :

Type

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 : **ENCOURAGED TO DISCUSS WITH PCP**

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

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

Comment :

Further assessment is required with a PHQ9 and or referral for a psychological evaluation

having you had little interest or pleasure in doing things**More than half the days**

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**

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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: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist	Goldstein	BRADYCARDIA, NEW PACEMAKER
Psychiatrist	Dana jones - blue ridge	BIPOLAR DISORDER

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 : 4

If one or more, describe

MENTAL HEALTH EMERGENCY

LAST VISIT 1/2021 - SUICIAL IDEATION AND WAS ADMITTED TO PSYCH REHAB X 11 DAYS.

C. Stayed in the hospital overnight : 4

If one or more, describe

Covid-19 + NOV2019 - 18 DAYS (DENIES INTUBATION)

E. Had Surgery : 1

If one or more, describe

Pacemaker implant JAN 2021

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

Answer: Yes

Describe

Answer: Coronary Stents 2014 and June 2020

Covid-19 - Nov 2021

Psych rehab for SI - Jan 2021

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

Answer: None

Social service referral to evaluate history of potential abuse

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- 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	Yes
Breast Exam/Mammography	Not Applicable
Cervical Screening	Don't Know
Bone Density	No
Prostate Exam/PSA	Yes
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		CHF
Father		ALCOHOL - CIRRHOSIS

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

Answer: **None**

Assessors Comments :

MEMBER VERY PLEASANT DISCUSSES RECENT PSYCH REHAB DUE TO SUICIDAL IDEATION. PRIOR TOP PSYCH REHAB, POSITIVE FOR COVID-19 AND REQUIRED HOSPITAL ADMISSION. EDU ON MAIL IN LAB TESTING AND MAIL ALL BAGS WITHIN 24 HOURS.