

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. RACKSON, KATHRYN
2116 W Laburnum Ave Ste 100
Richmond, VA, 232274359

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



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

RACKSON, KATHRYN
2116 W Laburnum Ave Ste 100
Richmond, VA, 232274359

Dear Dr. RACKSON, KATHRYN

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:

CHERYL D JAMES
1978-02-15
11001388

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	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

Your Vital Signs

Blood Pressure	02/03 mmHG	Pulse	100 bpm	Respiratory Rate	99
Temp	199	Pulse Oximetry	99	Pain Scale /10	3
Age	44	Patients Height	02 feet 02 inch	Patients Weight	700 lbs
BMI	728.0(Morbid Obesity (BMI = or > 40))				

Comment: Examination of head and face:

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-08-17	9		
HBA1C	No	2021-08-23	10		
MICROALBUMIN	Member Refused	2021-09-29	2		
FOBT	Exception		All Virtually capable		
DEXA	Yes		9		
PAD	No		22		
Peak Flow Meter	Member Refused	2021-08-24	23.		

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	NYSTOP	AER 250/50	PO = By Mouth	QOW		Taking
	NYSTATIN	TAB 10MG	SQ = Subcutaneous	HS		Taking
	KETOCONAZOLE	POW 100000	M = Intramuscular	PRN		Taking
	ALBUTEROL	CRE 100000	IV = Intravenous	BID		Taking
	HYDROCORT	SHA 0.02	N = Nasal	TID		Taking
	benazepril	NEB 0.00083	EA = Ear	QW		Taking

Over the Counter Medications / Supplements

Answer: No

- Race

Patient Assessment Summary

Name	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

Answer: **Other**

Describe

Answer: **Some of the most conditions**

- Preferred language

Answer: **Other**

If other,

Answer: Yiddish

Comment: Japanese

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By Physical Findings, Medications, Biopsy, DME

Secondary to Diabetes : **Yes**

Vertigo, Supported By Symptoms, Physical Findings, Image studies, Biopsy

Do you lose your balance : **No**

Other, Supported By Symptoms, Medications, Test results, Biopsy, Other

Describe : **nhyu**

Other : **vbghyuu**

Acute Pulmonary Embolism, Supported By Hospitalization for Pulmonary Embolism, Venous Doppler, D-dimer, VQ scan, Use of anticoagulation

Pulmonary Fibrosis, Supported By PFT, Other

Sleep Apnea, Supported By Positive sleep studies

Abnormal Cardiac Rhythm, Supported By Use of rate controlling drug, Electrophysiology procedure / cardioversion

Describe : **Regularly irregular**

thyti

Does patient have Atrial Fibrillation :

Cardiomyopathy, Supported By Cardiac Cath

Secondary to Hypertension : **No**

hygjuyuuu

Peripheral Vascular Disease, Supported By Vascular studies, Claudication, Extremity Ulcers, Amputation

History Diabetes : **No**

ukiity

Describe : **Ulceration**

ukyloluio

Cirrhosis, Supported By Physical findings, Lab studies, MRI

End Stage Liver Disease : **No**

Diverticulitis, Supported By Colonoscopy, Image studies, Symptoms

Abscess : **No**

Perforation : **Yes**

On a high fiber diet : **No**

Alcohol Dependence, Supported By Hospitalizations

History of Delirium Tremens : **Yes**

History of Psychosis : **No**

Myasthenia Gravis, Supported By Double vision, Tensilon test

BPH, Supported By Symptoms, Lab test, Medication, Hospitalization

Patient Assessment Summary

Name	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

Kidney Stones, Supported By Symptoms, Test results, Image studies, Biopsy

Type : **Magnesium**

Degenerative Disc Disease, Supported By Physical Findings

Normal bladder and bowel function :

Site of disease : **Lumbar**

hjjkyku

Basil Cell Carcinoma, Supported By Symptoms, Medications, Image studies, Biopsy

Eczema, Supported By Symptoms, Medications, Test results, Biopsy

Other, Supported By Symptoms, Medications, Biopsy

Other : **ulioyit**

Chronic Kidney Disease secondary to Diabetes, Supported By Albuminuria, Elevated BUN/Creatinine

Patient on ACE or ARB : **Yes**

AIDS, Supported By Physical findings, History of opportunistic infections

Is patient currently under treatment : **Yes**

Where : **yiioyou**

Sickle Cell Trait, Supported By Family history, Lab test

Thalassemia, Supported By Family history, Symptoms, Lab tests

Cancer, Supported By Physical findings, Treatments, Surgery, Other

Type : **Liver**

Specific type/s : **[object Object]**

Stage or Classification specific to the cancer : **[object Object]**

Active treatment : **No**

History / Finding of Metastasis : **Yes**

Location : **[object Object]**

To Cancer, history / finding of Cachexia : **Yes**

tyutyk

Do you see a specialist? : **No**

hgguk

History Of

Legally Deaf, Supported By History, Symptoms, Test results, Image studies, Other

Describe :

Nose Bleeds

Acute Upper Respiratory Infection, Supported By Fever, Chills, Rales, Wheezing, Chest X-ray

Pneumonia, Supported By Hospitalization, Physical findings, Image studies

Etiology : **Viral**

History / finding of Lung abscess : **Yes**

History / finding of Empyema : **Yes**

Hypertension, Supported By Physical Exam

Adequately controlled : **No**

yyooo

Bowel Obstruction, Supported By Hospitalization, Image studies, Physical Findings

Inflammatory Bowel Disease, Supported By Physical Findings

Describe : **Crohn's Disease**

On a specific diet : **Yes**

Patient Assessment Summary

Name	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

Huntington's Chorea, Supported By Family history

Muscular Dystrophy, Supported By EMG's, Family history

Peripheral Neuropathy, Supported By Physical findings, Biopsy
Secondary to Diabetes :

Seizure Disorder, Supported By History of recurrent seizures

Stroke, Supported By Physical findings

Urinary Incontinence, Supported By Symptoms, Image studies

Related to stress : **Yes**

Related to : **Urgency**

Describe : **Few times a week**

Onychomycosis, Supported By History, Physical Findings, Image studies, DME

Urticarial Disease, Supported By Symptoms, Medications, Test results, Biopsy

Type : **Acute**

Etiology : **ukukiyu**

Diabetes, Supported By Symptoms, Physical findings, Lab tests

Type : **Type 2**

Conditions

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

And Date : **ugkil**

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

kyuo

Met with a diabetic educator : **No**

Herpes Zoster, Supported By Rash, Symptoms

Multiple Myeloma, Supported By Symptoms, Lab tests

Rule Out

Macular Degeneration, Supported By Physical Findings, Medications, Biopsy, DME

Describe : **Wet**

Chronic Post Nasal Drip, Supported By Symptoms, Medications, Test results

Chronic Sputum Production, Supported By History, Physical Findings, Image studies, Biopsy, Other

Describe :

Atrial Fibrillation, Supported By Chronic

Supported by : **ECG**

Is patient taking : **Rate controlling medication**

Ischemic Heart Disease (CAD), Supported By Cardiac Cath, Diagnosis of angina, ECG

Hepatitis, Supported By Physical findings, Lab studies, Other

Type : **A**

Describe : **Acute**

Cirrhosis : **No**

Hepatocellular Carcinoma : **Yes**

uiuii

Delusional Disease, Supported By Specific symptoms for 6 months or more, Hospitalization

Generalized Anxiety Disorder, Supported By GAD 7

Osteoporosis, Supported By DEXA scan, Medications, Imaging studies, Other

Patient Assessment Summary

Name	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

Spinal Stenosis, Supported By Symptoms, Physical Findings, Image studies

Normal bladder and bowel function : **Yes**

Secondary Hyperparathyroidism, Supported By History Chronic Kidney Disease, History Vitamin D Deficiency, Malabsorption, Lab tests, Imaging studies

Hypertension and Diabetes, Supported By History, Physical Findings, Image studies, DME

Is patient on Ace or ARB : **No**

Peripheral Neuropathy secondary to Diabetes, Supported By Physical exam, Skin lesions, Foot deformity

Patient sees Podiatrist : **No**

Hospital Acquired MRSA Infection, Supported By Cultures, Hospitalization, Medications, Physical findings

Care management related to self - assessment and psychosocial behaviors

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

Preferred Language : **Other**

Comment :

If other, : Yiddish

Comment : **Japanese**

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : **3**

Comment :

- Social service referral to further assess current living conditions.

Where do you currently live? : **Nursing Home**

Comment :

- Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? : **No**

Comment :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Vaping

Comment : **Vaapings**

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 : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Total Help**

Patient Assessment Summary

Name	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

F. Eating : **Need Total Help**

Care management related to past medical history

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

Answer: None

Comment: None

Are you currently seeing any specialists?

Answer: **No**

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

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

Answer: **No**

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

Answer: **Twice**

Comment: **None**

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: **Yes**

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:

-Have you lost weight in the past 6 months?

Answer: **10lbs**

Comment: gntyjuy

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	No
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Yes

Patient Assessment Summary

Name	: CHERYL D JAMES	Age	: 44
Date of Birth	: 1978-02-15	Member ID	: 11001388
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2900 FENDALL AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044413851,8043212812

If Diabetic Eye Exam	No
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Don't Know
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer: **Twice**

Comment: **None**

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: **Yes**

Did you have a fracture in past 6 months?

Answer: **No**

Assessors Comments :