

Name	: SHAWN HENRY	Age	: 59
Date of Birth	: 1961-11-13	Member ID	: 11002393
Evaluator Name	:	Date	: 2021-04-26T13:05
Gender	: Female	Address	: 4810 ALLENSHAW DRIVE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8042221800,

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

BON SECOURS SHORT PUMP PRIMARY CARE
5207 Hickory Park Dr
Glen Allen,VA,230592624

Dear Dr. BON SECOURS SHORT PUMP PRIMARY CARE

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:

SHAWN HENRY
1961-11-13
11002393

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,

Focus Cares

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

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Your Vital Signs

Blood Pressure	138/82 mmHG	Pulse	104 bpm	Respiratory Rate	18
Temp	97.8	Pulse Oximetry	97	Pain Scale /10	0/10
Age	59	Patients Height	5 feet 6 inch	Patients Weight	241 lbs
BMI	38.9(Moderate Obesity (BMI 35 – 39.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select			Z13.1	
MICROALBUMIN	Select			Z13.220	
FOBT	Select				
DEXA	Select				
PAD	Select		Right foot: 0.41-significant disease Left foot: 0.25 significant disease	Peripheral arterial disease	
Peak Flow Meter	Select			Z13.220	

Allergies

Answer: **yes**

Substance	Reaction
PCN, Codeine	

Your Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-26	proair	90 mcg/1 -2 puffs	PO = By Mouth	PRN	Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

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Active

Sleep Apnea, Supported By Positive sleep studies, History of sleepiness during the day

Hypertension, Supported By Other

Adequately controlled : **UnKnown**

Depression, Supported By Symptoms

Major : **Yes**

Supported by : **Hospitalization**

Schizophrenia, Supported By Affect, Medication

Osteoarthritis, Supported By Symptoms, Physical Findings

Which joints : **right knee, history of trauma and surgery. Patient has surgical scar**

Spinal Stenosis, Supported By Symptoms

Normal bladder and bowel function : **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 : **No**

Met with a diabetic educator : **No**

Cancer, Supported By Physical findings, Imaging studies

Type : **Lung**

Specific type/s : **small cell**

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

Active treatment : **No**

History / Finding of Metastasis : **No**

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

Provider : **has been provided a name to call provider and schedule appointment**

History Of

Pneumonia, Supported By Hospitalization

Etiology : **Other Bacterial**

History / finding of Lung abscess : **No**

History / finding of Empyema : **No**

Diverticulitis, Supported By Other

Abscess : **No**

Perforation : **No**

On a high fiber diet : **No**

Care management related to self - assessment and psychosocial behaviors

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

Mini cog : **3**

Comment :

- 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.

When you get written information at a doctor's office would you say it is? : **Somewhat difficult**

Comment :

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When you read the instructions on a prescription bottle would you say that it is? : **Somewhat difficult**

Comment :

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

Comment :

- Social service referral to further assess current living conditions.

Where do you currently live? : **Other**

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 : Cigarettes

Comment :

How Many : **1/2 a pack**

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 :

- 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 :

- 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 :

have you been feeling down, depressed or hopeless at times : **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.

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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 : **Need Some Help**

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

Comment: takes elevator and walks with walker

Care management related to past medical history

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

Answer: Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist	lung cancer diagnosis	

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

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

B. Visited the Emergency Room : **5 or more**

If one or more, describe

mental health issues and shortness of breath, pulmonary edema

C. Stayed in the hospital overnight : **5 or more**

If one or more, describe

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: various mental health issues, diverticulitis took out part of small intestines several years ago. Has issues with bowel incontinence.

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

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Answer: **None**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: **Yes**

Comment: patient states she suffered abuse as child

-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	Yes
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
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
Sibling1	diabetes	
Mother	HTN	
Father	alcoholism	

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

Answer: **None**

Assessors Comments :

Mental health skills builder with caritas, apparently this is her case worker. From what this evaluator can ascertain this is for management of her mental health and also for housing and food needs. Apparently they have coordinated meals on wheels and are looking for more stable housing for patient as she is at the Days Inn currently where assessment is taking place.

Dr. Aisha Habib primary care has not seen in over a year. Subsequently she has not taken any of her medications. During her last hospital stay in January she was diagnosed with lung cancer on CT. She was provided a pulmonologist card to make an appointment. She says that her primary has not called her regarding her new diagnosis. Evaluator offered to call with her and she said she would call and declined assistance in setting appointment. Has recent lung cancer diagnosis within last 3 months.

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Also needs diabetic eye exam.
Needs to call oncologist referral for lung ca management, was diagnosed 3 months ago.
Podiatry
briefs for periods of incontinence.