

CONFIDENTIAL INFORMATION

From :

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

To :

KHAN, ABUDR
4221 Pleasant Valley Rd Ste 114
234648519

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

KHAN, ABUDR
4221 Pleasant Valley Rd Ste 114
Virginia Beach

KHAN, ABUDR

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:

LAWRENCE PRETOPAPA
1950-09-08
11002878

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 : LAWRENCE PRETOPAPA Age : 71
Date of Birth : 1950-09-08 Member ID : 11002878
Evaluator Name : undefined Date : undefined
Gender : Male Address : 151 SAMFORD ST,ALBERTA,VA
Lob : DSNP Marital Status : Single
Email : Phno : 4349497949,7577796900

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	3/10
Age	71	Patients Height		Patients Weight	120
BMI	Obesity (BMI 30 – 34.9)				

Comment: Unknown Height--was 5'8 prior to Bilat amputation 3yrs ago

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2022-02-16	gggghgh	hhjhj	Virtual, no screenings
HBA1C	No	2022-02-24	kjkjk	jjkjk	jkjkkllj
MICROALBUMIN	No	2022-02-25	hjhjhj	kkjkjk	jjjkjkkjkj
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
2021-02-27	Lactulose	15ml	PO = By Mouth	QD		Taking
2021-02-27	Xifaxan	550mg	PO = By Mouth	BID		Taking
2021-02-27	Midodrine	10mg	PO = By Mouth	TID		Taking
2021-02-27	Neurontin	300mg	PO = By Mouth	BID		Taking
2021-02-27	Januvia	25mg	PO = By Mouth	QD		Taking
2021-02-27	Omeprazole	20mg	PO = By Mouth	QD		Taking
2021-02-27	Lantus	28 units	SQ = Subcutaneous	QD		Taking
2021-02-27	Ferrous Sulfate	325mg	PO = By Mouth	TID		Taking
2021-02-27	Atorvastatin	40mg	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Answer: No

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Race

Answer: **Caucasian**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Other

OtherTx **Midodrine**

GERD

Hepatitis

Type**C**

Describe**Acute**

Cirrhosis**Yes**

Hepatocellular Carcinoma**No**

Other

Other**Liver disease (Cirrhosis)--Tx Xifaxan, Lactulose**

Other

Other**Bilat Lower Extrem amputation, nonambulatory**

Diabetes

Type**Type 2**

Most recent Hb A1C, value**Unknown**

And Date**??**

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

Met with a diabetic educator**No**

Anemia

Etiology**Iron deficiency**

If yes, Patient on**Iron**

Tx **Ferrous Sulfate**

Care management related to self - assessment and psychosocial behaviors

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 :

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

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

Who do you currently live with?**Personal Care Worker**

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Comment :

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**tee**

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 ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **Need Total Help**

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

B. Getting in or out of chairs : **Need Total Help**

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **Need Total Help**

F. Eating : **No**

G. Walking : **Need Total Help**

How far can you walk : **Non-ambulatory**

H. Going up or down stairs : **Need Total Help**

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

Care management related to past medical history

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

Answer: Wheel Chair

Are you currently seeing any specialists?

Answer: Yes

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Medical Specialty	Specialist	For
Gastroenterologist		Liver disease

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : 2

Comment: Visits Q3-6months, recent Virtual visit (Feb 2021)

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: Liver complications

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

Answer: None

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	Not Applicable
Cervical Screening	Not Applicable
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

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Family History

Comment: Denies any significant medical issues

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, responses provided by member (Lawrence). Also, some assistance provided by Caretaker (Kim Grant).
He is reportedly feeling well overall, despite some extensive chronic medical issues. He is Bilat Lower Extrem Amputee with Liver issues & DM. He's currently stable on current Tx & denies any new complaints/concerns/complications. Previous Hepatitis C related to substance abuse/addiction, now resolved since rec'd Tx.

****Virtual visit, therefore some blank responses due to limited assessment info.**

****Verification: Name/DOB**