

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. YOUNG, WILLIAM H
110 N Robinson St Ste 301
Richmond, VA, 232204461

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

YOUNG, WILLIAM H
110 N Robinson St Ste 301
Richmond, VA, 23220-4461

Dear Dr. YOUNG, WILLIAM H

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:

MARY M HOPSON
1932-02-19
11003016

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	: MARY M HOPSON	Age	: 89
Date of Birth	: 1932-02-19	Member ID	: 11003016
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1919 IDLEWOOD AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8043534870,

Your Vital Signs

Blood Pressure	110/59 mmHG	Pulse	62 bpm	Respiratory Rate	14
Temp	98.1	Pulse Oximetry	99	Pain Scale /10	0/10
Age	89	Patients Height	4 feet 4 inch	Patients Weight	151 lbs
BMI	39.3(Moderate Obesity (BMI 35 – 39.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Yes		R: 0.25 Severe, L: 0.62 Moderate		
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Hypertension	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	Dr. Young	Taking
Hypertension	METOPROL SUC	TAB 50MG ER	PO = By Mouth	QD	Dr. Young	Taking
Gout	ALLOPURINOL	TAB 300MG	PO = By Mouth	QD	Dr. Young	Taking
Diabetes Type 2	METFORMIN	TAB 1000MG	PO = By Mouth	QD	Dr. Young	Taking
Hypoertension	LOSARTAN/HCT	TAB 100-25	PO = By Mouth	QD	Dr. Young	Taking
Bone Pain-Osteoporosis	MELOXICAM	TAB 7.5MG	PO = By Mouth	QD	Dr. Young	Taking
COPD	Albuterol	90mcg	PO = By Mouth	PRN	Dr. Young	Taking

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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-19	Viatmin D3	50,000 IU	PO = By Mouth	q day

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

COPD, Supported By Brinchodilator medication

Has patient been told they have Chronic Bronchitis : **Yes**

Has patient been told they have Emphysema : **No**

Is patient on Bronchodilator : **Yes**

Route is : **Oral**

Is patient on Steroids : **No**

Does patient have current exacerbation : **No**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Urinary Incontinence, Supported By Symptoms

Related to stress : **No**

Describe : **Daily**

Gout, Supported By Medications

Osteoarthritis, Supported By Symptoms

Which joints : **Back Arms, Legs, knees, phalangeals**

Osteoporosis, Supported By Medications

Diabetes, Supported By 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**

Vitamin D Deficiency, Supported By Medications

History Of

Other, Supported By Other

Other : **GI Bleed**

Care management related to self - assessment and psychosocial behaviors

- Social service referral to further assess social support infrastructure

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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 :

- 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 a Healthcare Proxy

Healthcare Proxy : **Yes**

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 : **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: Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Select	Dr. Lacey- Orhtopedic Surgeon	Osteoporosis

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

Refer patient for a physical therapy evaluation : **4**

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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: **Yes**

Describe

Answer: **GI Bleed a year and half ago.**

- 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: **15lbs**

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	No
Bone Density	Yes
Prostate Exam/PSA	No
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	Unknown	Unknown
Mother	Unknown	Unknown

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

Answer: **None**

Assessors Comments :

Smoking cessation discussed with patient, medication compliance and low sodium diet education given to patient. patient reminded to adhere to doctors appointment for follow up. Member notified on practicing foot care for diabetes as her right foot has apparent neuropathy.