

Name	: JUDY E ALMANY	Age	: 49
Date of Birth	: 1971-05-13	Member ID	: 11003342
Evaluator Name	: Temeka	Date	: 2021-04-14T12:14
Gender	: Female	Address	: 1203 NEW HAMPSHIRE AVENUE,BRISTOL,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2766962172,2765914209

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

HOLSTON MEDICAL GROUP PC
240 Medical Park Blvd
Bristol,TN,376207352

Dear Dr. HOLSTON MEDICAL GROUP PC

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:

JUDY E ALMANY
1971-05-13
11003342

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		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	5/10
Age	49	Patients Height	5 feet 7 inch	Patients Weight	190 lbs
BMI	29.8(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual, no screenings
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	Select				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-14	Atorvastatin	20mg	PO = By Mouth	QD	Taking
2021-04-14	Seroquel	300mg	PO = By Mouth	HS	Taking
2021-04-14	Neurontin	400mg	PO = By Mouth	TID	Taking
2021-04-14	Protonix	40mg	PO = By Mouth	QD	Taking
2021-04-14	Combivent	1-2 puffs	PO = By Mouth	PRN	Taking
2021-04-14	Zanaflex	2mg	PO = By Mouth	TID	Taking
2021-04-14	Xanax	0.5mg	PO = By Mouth	TID	Taking
2021-04-14	Ibuprofen	800mg	PO = By Mouth	PRN	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-04-14	Tylenol	325mg	PO = By Mouth	prn
2021-04-14	Aspirin	81mg	PO = By Mouth	prn

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- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

COPD, Supported By Wheezing, Dyspnea on exertion

Has patient been told they have Chronic Bronchitis : **No**

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

Is patient on Bronchodilator : **Yes**

Route is : **Inhaled**

Tx Combivent

Is patient on Steroids : **No**

Does patient have current exacerbation : **No**

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **UnKnown**

GERD, Supported By Heartburn / Dyspepsia, Medications

Bipolar Disorder, Supported By History of mood swings, Medication

Depression, Supported By Symptoms, Use of antidepressant medication

Major : **Yes**

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

Generalized Anxiety Disorder, Supported By Symptoms, Antianxiety medication

Insomnia, Supported By Medication, Symptoms

Other, Supported By History, Symptoms

Other : **She reported Hx of RLS Sx with recurrent Sx, no current Tx prescribed**

Degenerative Disc Disease, Supported By Symptoms , Medications

Normal bladder and bowel function : **Yes**

Site of disease : **Lumbosacral**

Other, Supported By History, Symptoms, Physical Findings

Other : **Hx Rosacea (no current Tx)**

History Of

Diverticulitis, Supported By Colonoscopy

Abscess : **No**

Perforation : **No**

On a high fiber diet : **Yes**

Other, Supported By History, Symptoms

Other : **Past Hx IBS Sx reported, no current complaints or Tx**

Hx Hemorrhoids with intermittent flares, past Hx of rectal bleeding associated with hemorrhoidal flares, currently no complications & no Tx required

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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 : 0
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 : Cigarettes
Comment :
How Many : 1/2 a pack
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 :

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

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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
Gastroenterologist		Diverticulitis

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

Refer patient for a physical therapy evaluation : 3

A. Seen your PCP

Comment: Visits avg Q6months, last visit Feb 2021

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

B. Visited the Emergency Room : 1

If one or more, describe

Dec 2020--Abdominal pain (Dx Diverticulitis)

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: No

- 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
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Colonoscopy	Yes
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	Not Applicable
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	CAD/MI, HTN, DM	

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, responses provided by member(Judy).
 She numerous medical conditions, many of which she is not taking Tx. She has bothersome Low back issues & COPD which reportedly limits her activity. She has pending Referral to Pain Mgmt to assist with pain issues.

****Past Medical Hx listed for Anemia(she denies any known issues), OSA (denies any Hx or any CPAP), denies any cannibas use**

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

****Verification: Name/DOB**