



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

FORTH, MONICA J  
8220 Meadowbridge Rd Ste 203  
Mechanicsville, VA, 23116-2339

Dear Dr. FORTH, MONICA J

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:

ANGELITA PEREZ  
1965-10-08  
11003430

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	: ANGELITA PEREZ	Age	: 55
Date of Birth	: 1965-10-08	Member ID	: 11003430
Evaluator Name	: Brittney	Date	: 2021-07-12T09:40
Gender	: Female	Address	: 3676 FOREST HAVEN DRIVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8042452107,

## Your Vital Signs

Blood Pressure	131/89 mmHG	Pulse	76 bpm	Respiratory Rate	20
Temp	98.0	Pulse Oximetry	96	Pain Scale /10	5
Age	55	Patients Height	5 feet 4 inch	Patients Weight	249 lbs
BMI	42.7(Morbid Obesity (BMI = or > 40))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-07-12	L: No diabetic Retinopathy R: No diabetic Retinopathy	Type 2 diabetes mellitus	
HBA1C	Member Refused				
MICROALBUMIN	Member Refused				
FOBT	Yes	2021-01-04	Negative		
DEXA	Select				
PAD	No				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
htn	LOSARTAN POT	TAB 100MG	PO = By Mouth	AC	combs	Taking
leg edema	BUMETANIDE	TAB 1MG	PO = By Mouth	QD	combs	Taking
hyperlipidemia	ROSUVASTATIN	TAB 20MG	PO = By Mouth	HS	combs	Taking
t2dm	METFORMIN	TAB 500MG	PO = By Mouth	QD	combs	Taking
bronchitis	AZITHROMYCIN	TAB 250MG	PO = By Mouth	QD	combs	Not Taking
OA	DICLOFENAC	TAB 50MG DR	PO = By Mouth	BID	combs	Taking
asthma	PROAIR HFA	AER	PO = By Mouth	QD	combs	Taking
vitamin d deficiency	vitamin d3	2,000IU	PO = By Mouth	QD	combs	Taking
pain, OA	Naproxen	375mg	PO = By Mouth	PRN	combs	Taking

## Over the Counter Medications / Supplements

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Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-12	vitamin c	150mg	PO = By Mouth	daily
2021-07-12	vitamin e	400iu	PO = By Mouth	daily
2021-07-12	aspirin	81mg	PO = By Mouth	daily

## - Race

Answer: **Caucasian**

## - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

#### Difficulty with vision

Legally Blind : **No**

#### Asthma, Supported By Use of Bronchodilator

Is patient on controller medications : **No**

Does patient use rescue medications : **Yes**

Does patient have current exacerbation : **No**

#### Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

#### Hypertension, Supported By Medications

Adequately controlled : **Yes**

#### Gall Bladder Disease, Supported By Symptoms, Other

Describe : **cholecystectomy (approx 2017)**

#### Osteoarthritis, Supported By Symptoms, Physical Findings, Other

Which joints : **both knees**

#### Other, Supported By History, Symptoms, Medications

Other : **sciatica**

#### Diabetes, Supported By Symptoms, Medications

Type : **Type 2**

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

And Date : **4/2021**

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

Met with a diabetic educator : **No**

#### Hypertension and Diabetes, Supported By History, Medications

Is patient on Ace or ARB : **Yes**

#### Vitamin D Deficiency, Supported By Medications

### History Of

#### Other, Supported By History, Symptoms, Medications

Other : **bronchitis, cough**

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## Care management related to self - assessment and psychosocial behaviors

- 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 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  
Currently a caregiver for someone : **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: Cane

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Other	Orthovirginia	OA of knees

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Ophthalmologist	VA eye institute	diabetic eye check
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If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 4

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: last hospitalization for cholecystectomy

- 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: 5lbs

Comment: intentional weightloss to improve diabetes

## 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	Yes
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
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

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Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	CA	alive

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

Answer: None

Assessors Comments :

55yo Hispanic-female with T2DM, OA, asthma, and hyperlipidemia. Previously documented conditions reviewed with member: she denies cardiac murmur and tremor. The member was outside when I arrived because she needs to pick up her granddaughter so does not have time for any extra tests done. She was cooperative with exam, but wanted abbreviated physical exam completed which is reflected in the Exam section of this HRA. VS taken, stable. PAD testing not done; eye exam completed; no A1C, urine or FOBT performed. Member has Naproxen and Diclofenac on her med list - discussed the importance and risks associated with excessive NSAID use. She understands not to take both medications together because of increased risk of GI bleeding and gastric ulcer (also provided patient education on the need for colonoscopy for preventative care).