



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

Lori Nelson-Madison
2323 Memorial Ave
Lynchburg, VA, 245012652

Dear Dr. Lori Nelson-Madison

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:

ROBERT ASHERMAN
1970-04-27
11004531

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	: ROBERT ASHERMAN	Age	: 51
Date of Birth	: 1970-04-27	Member ID	: 11004531
Evaluator Name	: Jennifer E	Date	: 2021-07-26T09:00
Gender	: Male	Address	: 409 RIVERMONT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346107967,4344776064

Your Vital Signs

Blood Pressure	140/84 mmHG	Pulse	72 bpm	Respiratory Rate	12
Temp	98.1	Pulse Oximetry	95	Pain Scale /10	8/10
Age	51	Patients Height	6 feet 2 inch	Patients Weight	242 lbs
BMI	31.1(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	No		done by GI		
DEXA	No				
PAD	Yes		right Normal 1.17, left normal 1.23	rule out pad	
Peak Flow Meter	No				

Allergies

Answer: **yes**

Substance	Reaction
Haldol	elevated liver enzymes

Your Medications

Comment : Invega injection monthly

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Anxiety	LORAZEPAM	TAB 0.5MG	PO = By Mouth	PRN	Dr. Wilson	Taking
Schizophrenia	INVEGA SUST	INJ 156MG/ML	M = Intramuscular	Select	Dr. Wilson	Taking
Pain	GABAPENTIN	TAB 600MG	PO = By Mouth	TID	Dr. Chirachetti	Taking
HLD	ATORVASTATIN	TAB 80MG	PO = By Mouth	QPM	Dr. Nelson-Madison	Taking
Pain	DICLOFENAC	TAB 75MG DR	PO = By Mouth	PRN	Dr. Chirachetti	Taking

Patient Assessment Summary

Name	: ROBERT ASHERMAN	Age	: 51
Date of Birth	: 1970-04-27	Member ID	: 11004531
Evaluator Name	: Jennifer E	Date	: 2021-07-26T09:00
Gender	: Male	Address	: 409 RIVERMONT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346107967,4344776064

emphysema	ADVAIR DISKU	AER 500/50	PO = By Mouth	BID	Dr. Nelson-Madison	Taking
schizophrenia	BENZTROPINE	TAB 2MG	PO = By Mouth	BID	Dr. Wilson	Taking
emphysema/asthma	ALBUTEROL SUL	90 mcg	PO = By Mouth	PRN	Dr. Nelson Madison	Taking
Pain	BACLOFEN	TAB 10MG	PO = By Mouth	QD	Dr. Chirachetti	Taking
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QD	Dr. Nelson Madison	Taking
gout	ALLOPURINOL	TAB 100MG	PO = By Mouth	QD	Dr. Nelson madison	Taking
allergic rhinitis	AZELASTINE	SPR 0.001	N = Nasal	QD	Dr. Nelson Madison	Taking
CAD	METOPROL	TAB 50MG ER	PO = By Mouth	QD	Dr. nelson madison	Taking
constipation	polyethylene glycol	one packet	PO = By Mouth	PRN	Dr. Nelson Madison	Taking
pain	acetaminophen	500 mg	PO = By Mouth	PRN	Dr. Nelson madison	Taking
dry eyes	Restasis	0.05%	E = Eye	PRN	Dr. Villa	Taking
allergic rhinitis	loratadine	10 mg	PO = By Mouth	QD	Dr. Nelson Madison	Taking
OP	aledronate sodium	70 mg	PO = By Mouth	QW	Dr. Nelson Madison	Taking
CAD	aspirin	81 mg	PO = By Mouth	QD	Dr. Nelson madison	Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
	ibuprofen	400 mg	PO = By Mouth	prn
	Multivit	1 tab	PO = By Mouth	qd
	Fish oil	1000 mg	PO = By Mouth	qd
	Vit D	50 mcg	PO = By Mouth	qd
	Calcium	1200 mg	PO = By Mouth	qd

Patient Assessment Summary

Name	: ROBERT ASHERMAN	Age	: 51
Date of Birth	: 1970-04-27	Member ID	: 11004531
Evaluator Name	: Jennifer E	Date	: 2021-07-26T09:00
Gender	: Male	Address	: 409 RIVERMONT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346107967,4344776064

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Others, Supported By Symptoms, Medications

Other : **Dry eyes, uses Restasis PRN**

Other, Supported By History, Symptoms, Medications

Other : **allergic rhinitis, uses lorantidine and nasal spray**

Asthma, Supported By Chronic Cough, Use of Bronchodilator

Is patient on controller medications : **Yes**

Does patient use rescue medications : **Yes**

Does patient have current exacerbation : **No**

COPD, Supported By Brinchodilator medication

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

Has patient been told they have Emphysema : **Yes**

Is patient on Bronchodilator : **Yes**

Route is : **Inhaled**

Is patient on Steroids : **No**

Does patient have current exacerbation : **No**

Sleep Apnea, Supported By Use of CPAP

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Ischemic Heart Disease (CAD), Supported By Medications

GERD, Supported By Regurgitation, Medications

Other, Supported By Symptoms, Medications

Other : **Constipation, takes miralax prn**

Generalized Anxiety Disorder, Supported By Antianxiety medication

Schizophrenia, Supported By Medication

Gout, Supported By Medications

Osteoporosis, Supported By DEXA scan, Medications, Fracture history

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 :

Patient Assessment Summary

Name	: ROBERT ASHERMAN	Age	: 51
Date of Birth	: 1970-04-27	Member ID	: 11004531
Evaluator Name	: Jennifer E	Date	: 2021-07-26T09:00
Gender	: Male	Address	: 409 RIVERMONT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346107967,4344776064

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

Who do you currently live with? : **Alone**

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 : Cigarettes

Comment :

How Many : **More than 1 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 :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADLs

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

Patient Assessment Summary

Name : ROBERT ASHERMAN Age : 51
Date of Birth : 1970-04-27 Member ID : 11004531
Evaluator Name : Jennifer E Date : 2021-07-26T09:00
Gender : Male Address : 409 RIVERMONT AVE,LYNCHBURG,VA
Lob : DSNP Marital Status : Single
Email : Phno : 4346107967,4344776064

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
Other	Karen Jennings, mental health case worker	schizophrenia
Psychiatrist	Dr. Wilson, Horizon	schizophrenia
Ophthalmologist	Dr. Billa	routine eye visits
Gastroenterologist	Dr. Clark, Lynchburg gastroenterology	GERD
ENT	Blue ridge ENT	nasal congestion
Neurologist	Centra Neurology	peripheral neuropathy
Pulmonologist	Dr. Baker, LPA	emphysema, asthma, OSA
Cardiologist	Centra cardiology	CAD
Other	OrthoVA	spinal fracture
Other	Dr. Chirachetti, Centra pain management	chronic pain, peripheral neuropathy

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

Refer patient for a physical therapy evaluation : 3

A. Seen your PCP

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

B. Visited the Emergency Room : 2

If one or more, describe

GI symptoms

Gout

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: thoracotomy 4/2020

psychiatric issues

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

Answer: Twice

Patient Assessment Summary

Name	: ROBERT ASHERMAN	Age	: 51
Date of Birth	: 1970-04-27	Member ID	: 11004531
Evaluator Name	: Jennifer E	Date	: 2021-07-26T09:00
Gender	: Male	Address	: 409 RIVERMONT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346107967,4344776064

Do you worry about falling or feeling unsteady when standing or walking

Answer: **Yes**

Worries about falling or feeling unsteady when standing or walking?

Answer: **Yes**

Comment: **sometimes**

Did you have a fracture in past 6 months?

Answer: **No**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: **Yes**

Comment: 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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Yes
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	No
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Father	diabetes, prostate CA, CAD	
Mother	stroke, CAD, MS	

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

Answer: **Twice**

Do you worry about falling or feeling unsteady when standing or walking

Answer: **Yes**

Patient Assessment Summary

Name	: ROBERT ASHERMAN	Age	: 51
Date of Birth	: 1970-04-27	Member ID	: 11004531
Evaluator Name	: Jennifer E	Date	: 2021-07-26T09:00
Gender	: Male	Address	: 409 RIVERMONT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346107967,4344776064

Worries about falling or feeling unsteady when standing or walking?

Answer: **Yes**

Comment: **sometimes**

Did you have a fracture in past 6 months?

Answer: **No**

Assessors Comments :

Face to Face visit was completed. Pt was identified with name and date of birth. Pt verbally provided their height and weight. Any blanks left in this assessment were unable to be completed during this assessment today. Pt was informed that their PCP would receive a copy of this assessment.

Education: Pt education provided regarding diet and its impact on chronic disease. We discussed dietary change he could make. Also gave him options of food pantries in local area if lack of food is an issue.

Tobacco: Discussed the impact that smoking has on health and I recommended discussing with PCP smoking cessation options.

Patient has chronic back pain and was undergoing physical therapy but this was stopped due to transportation and scheduling issues. Due to his pain and diagnosis, he would greatly benefit from physical therapy and strengthening program.