



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

DUHART, HAROLD BOBBY
541 S Sycamore St
Petersburg, VA, 238035039

Dear Dr. DUHART, HAROLD BOBBY

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:

JOYCE LUNDY
1948-09-11
11004747

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	: JOYCE LUNDY	Age	: 72
Date of Birth	: 1948-09-11	Member ID	: 11004747
Evaluator Name	: Brittney	Date	: 2021-07-13T14:28
Gender	: Female	Address	: 2304 S BUCKNER STREET,PETERSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8048616405,8048358690

Your Vital Signs

Blood Pressure	131/88 mmHG	Pulse	57 bpm	Respiratory Rate	19
Temp	97.8	Pulse Oximetry	98	Pain Scale /10	0
Age	72	Patients Height	5 feet 3 inch	Patients Weight	192 lbs
BMI	34.0(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-07-13	L: No diabetic Retinopathy R: No diabetic Retinopathy	Type 2 diabetes mellitus	
HBA1C	Yes	2021-07-13			
MICROALBUMIN	No	2021-07-13	screening not done today; patient only makes urine once daily	ESRD; CKD	
FOBT	Select				
DEXA	Select				
PAD	Yes	2021-07-13	Rt foot =1.04 Lt foot=0.94	diabetes mellitus type 2; CKD	
Peak Flow Meter	Select				

Allergies

Answer: **yes**

Substance	Reaction
lisinopril	swelling, cough
tramado	hallucinations

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
gerd 123	SUCRALFATE	TAB 1GM	PO = By Mouth	BID	williams	Taking
atrial fibrillation	MIDODRINE	TAB 10MG	PO = By Mouth	QD		Not Taking
ibs, gerd	ONDANSETRON	TAB 4MG ODT	PO = By Mouth	TID	williams	Taking
afib	ELIQUIS	TAB 2.5MG	PO = By Mouth	QD		Taking
htn	AMLODIPINE	TAB 10MG	PO = By Mouth	HS	williams	Taking
esrd	SEVELAMER	TAB 800MG	PO = By Mouth	TID		Taking

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gerd	PANTOPRAZOLE	TAB 40MG	PO = By Mouth	QAM		Taking
asthma	IPRATROPIUM/	SOL ALBUTER	PO = By Mouth	PRN		Taking
gout	COLCHICINE	TAB 0.6MG	PO = By Mouth	AC		Taking
htn, cad	METOPROL TAR	TAB 25MG	PO = By Mouth	BID	williams	Taking
asthma	MONTELUKAST	TAB 10MG	PO = By Mouth	QAM		Taking
asthma	BREO ELLIPTA	INH 200-25	PO = By Mouth	HS		Taking
hyperlipidemia	ATORVASTATIN	TAB 20MG	PO = By Mouth	HS		Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-13	tylenol arthritis	500mg	PO = By Mouth	prn
2021-07-13	aspirin	81mg	PO = By Mouth	daily
2021-07-13	zyrtec	10mg	PO = By Mouth	daily

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By History

Secondary to Diabetes : **No**

Difficulty with vision

Legally Blind : **No**

Other, Supported By History, Medications

Other : **allergic rhinitis**

Other, Supported By History, Physical Findings

Other : **enlarged goiter**

Asthma, Supported By Use of Inhaled or oral steroids

Is patient on controller medications : **Yes**

Does patient use rescue medications : **Yes**

Does patient have current exacerbation : **No**

Atrial Fibrillation, Supported By Chronic

Supported by : **Medications**

Is patient taking : **Anticoagulant**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

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Ischemic Heart Disease (CAD), Supported By Medications, ECG

GERD, Supported By Medications

Inflammatory Bowel Disease, Supported By Medications

Describe : **Other**

chronic constipation

On a specific diet : **Yes**

ESRD, Supported By Lab tests

Patient on dialysis : **Yes**

On a special diet : **Yes**

Spinal Stenosis, Supported By Symptoms

Normal bladder and bowel function : **Yes**

normal for ESRD

Other, Supported By History, Symptoms

Other : **Degenerative disc disease, SCI**

Coronary Artery Disease and Diabetes, Supported By History, Symptoms

Is patient on a statin : **Yes**

Is patient on an aspirin : **Yes**

Diabetes, Supported By Symptoms

Type : **Type 2**

Most recent Hb A1C, value : **7.0%**

And Date : **7/2021**

Met with a nurse or dietician for diabetic education : **Yes**

Met with a diabetic educator : **Yes**

Treatment includes : **Diet**

Hypertension and Diabetes, Supported By History, Symptoms, Medications

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

Anemia, Supported By Lab tests, History of blood transfusion

Etiology : **Kidney disease**

If yes, Patient on : **Other**

Describe : **undefined**

History Of

Gout, Supported By History of attacks in Foot, Medications

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? : **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 :

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- 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 :

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 ADL's

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

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

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

How many stairs can you climb : **Three to five**

Care management related to past medical history

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

Answer: Cane , Walker , Wheel Chair , Bedside Commode

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Nephrologist	Satish Bankuru	ESRD
Gastroenterologist	Maryann Williams	GERD
Cardiologist	Dr. Islam El Juadee	atrial fibrillaion, CAD
Ophthalmologist	Dr. Foster	cataracts

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 : **1**

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If one or more, describe

SCI injury

C. Stayed in the hospital overnight : 1

If one or more, describe

back surgery; rehab until February 2021

D. Been in a nursing home : None

E. Had Surgery : 1

If one or more, describe

back surgery December 2020

- Have you ever been hospitalized prior to the last 12 months?

Answer: Yes

Describe

Answer: asthma exacerbation

- 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: More than 15lbs

Comment: last 18 lbs from December 2020 - February 2021; she has gained 6 lbs back since dc'd home from rehab

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	No
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
Father	esophageal cancer	cancer
Mother	HTN, CVA, sinusitis; OA	passed at 89yo

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

Answer: None

Assessors Comments :

72yo female lives in her home with her sister; she receives HHA services 5 days/week and every other Saturday. She had SCI in December 2020 requiring emergent back surgery which she had 3 compressed discs and she is doing wonderful now. She has suffered with chronic lumbar back pain "for years," but after her surgery, she is doing a lot better. She uses a walker to ambulate and has 3 steps on her backporch that she is afraid of, but when her HHA helps her, she is comfortable. Preventative care discussed with member, she verbalizes understanding.