



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:

BLANCHE E ROBINSON
1953-02-17
11004915

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	: BLANCHE E ROBINSON	Age	: 68
Date of Birth	: 1953-02-17	Member ID	: 11004915
Evaluator Name	: Brittney	Date	: 2021-07-08T09:57
Gender	: Female	Address	: 1906 IDLEWOOD AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	: none	Phno	: 8049186507,

Your Vital Signs

Blood Pressure	121/89 mmHG	Pulse	100 bpm	Respiratory Rate	24
Temp	97.6	Pulse Oximetry	93	Pain Scale /10	0
Age	68	Patients Height	5 feet 1 inch	Patients Weight	195 lbs
BMI	36.8(Moderate Obesity (BMI 35 – 39.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-07-08	images too dark for submission; provided educated for follow-up to have eyes dilated	Type 2 diabetes mellitus	
HBA1C	Yes	2021-07-08		Type 2 diabetes mellitus; diabetic retinopathy	completed with member
MICROALBUMIN	Yes	2021-07-08		Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	completed with member
FOBT	Member Refused				
DEXA	Select				
PAD	Yes	2021-07-08	Lt foot=1.01 Rt foot=0.98	Type 2 diabetes mellitus; Normal testing PAD	
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
diabetes	TRUETRACK	TES	SQ = Subcutaneous	QD	young	Taking
yeast	Ketoconazole	2% cream	T = Topical	BID	young	Taking
depression	AMITRIPTYLIN	TAB 25MG	PO = By Mouth	QD	young	Taking
asthma, copd	ALBUTEROL	NEB 0.00083	PO = By Mouth	QID	young	Taking
insomnia, itching	HYDROXYZ HCL	TAB 25MG	PO = By Mouth	HS	young	Taking

Patient Assessment Summary

Name	: BLANCHE E ROBINSON	Age	: 68
Date of Birth	: 1953-02-17	Member ID	: 11004915
Evaluator Name	: Brittney	Date	: 2021-07-08T09:57
Gender	: Female	Address	: 1906 IDLEWOOD AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	: none	Phno	: 8049186507,

copd	SPIRIVA	18mcg	PO = By Mouth	QD	young	Taking
t2dm	METFORMIN	TAB 500MG	PO = By Mouth	BID	young	Taking
gout	ALLOPURINOL	TAB 300MG	PO = By Mouth	QD	young	Taking
asthma	MONTELUKAST	TAB 10MG	PO = By Mouth	QD	young	Taking
htn	VALSART/HCTZ	TAB 160-25MG	PO = By Mouth	QAM	young	Taking
htn	AMLODIPINE	TAB 5MG	PO = By Mouth	QD	young	Taking
hypercholestermia	PRAVASTATIN	TAB 40MG	PO = By Mouth	HS	young	Taking
allergies	loratidine	10mg	PO = By Mouth	QD	young	Taking
gout	COLCHICINE	TAB 0.6MG	PO = By Mouth	QD	young	Taking
asthma	PROAIR HFA	90mcg aeroschamber	PO = By Mouth	BID	young	Taking
pneumonia	AZITHROMYCIN	TAB 250MG	PO = By Mouth	QD	young	Not Taking
eye itching	CROMOLYN	SOL 4% OP	E = Eye	BID	Dr. Young	Taking
yeast	Nystatin Systemic	100000/ml suspension	PO = By Mouth	TID	young	Taking
anemia	ferrous sulfate	325mg	PO = By Mouth	QD	young	Taking
vitamin d supplementation	vitamin d3	2000IU	PO = By Mouth	QD	young	Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-08	tylenol	325mg	PO = By Mouth	daily

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By History, Symptoms

Secondary to Diabetes : **Yes**

unknown, but suspected

Other, Supported By History, Symptoms, Medications

Other : **allergic rhinitis**

Bleeding Gums

Other, Supported By History, Physical Findings

Patient Assessment Summary

Name	: BLANCHE E ROBINSON	Age	: 68
Date of Birth	: 1953-02-17	Member ID	: 11004915
Evaluator Name	: Brittney	Date	: 2021-07-08T09:57
Gender	: Female	Address	: 1906 IDLEWOOD AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	: none	Phno	: 8049186507,

Other : Dx 1: **macroglossia** 2: **oral candidiasis**

Asthma, Supported By Chronic Cough, Use of Bronchodilator, Use of Inhaled or oral steroids

Is patient on controller medications : **Yes**

Does patient use rescue medications : **Yes**

Does patient have current exacerbation : **No**

COPD, Supported By Dyspnea on exertion

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 : **Yes**

Route is : **Inhaled**

Does patient have current exacerbation : **No**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Insomnia, Supported By Medication

Intellectual and or Developmental Disability, Supported By History

Describe : **Other**

Describe : **undefined**

Gout, Supported By History of attacks in Foot, Medications

Other, Supported By History, Symptoms, Physical Findings, Medications

Other : **candidiasis of skin (vaginal area), oral candidiasis**

Diabetes, Supported By Symptoms, Medications

Type : **Type 2**

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

And Date : **April 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**

Anemia, Supported By Symptoms, Other

Describe : **medication**

Etiology : **Iron deficiency**

If yes, Patient on : **Iron**

Vitamin D Deficiency, Supported By Medications

History Of

Pneumonia, Supported By Physical findings

Etiology : **Viral**

last took azithromycin May 2021

History / finding of Lung abscess : **No**

History / finding of Empyema : **No**

Depression, Supported By Use of antidepressant medication

Major : **NO**

Patient Assessment Summary

Name	: BLANCHE E ROBINSON	Age	: 68
Date of Birth	: 1953-02-17	Member ID	: 11004915
Evaluator Name	: Brittney	Date	: 2021-07-08T09:57
Gender	: Female	Address	: 1906 IDLEWOOD AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	: none	Phno	: 8049186507,

Rule Out

Glaucoma, Supported By History

Secondary to Diabetes : **No**
unknown

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 : **2**

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? : **Very difficult**

Comment :

When you read the instructions on a prescription bottle would you say that it is? : **Very difficult**

Comment :

How confident are you in filling out medical forms by yourself? : **Not at All Confident**

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? : **Sometimes**

Comment : **she only goes to the grocery store with her granddaughter every 2 weeks**

- 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 :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : **No**

Comment :

- Further assessment is required with a PHQ9 and or referral for a psychological evaluation

having you had little interest or pleasure in doing things : **More than half the days**

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 : **No**

Patient Assessment Summary

Name	: BLANCHE E ROBINSON	Age	: 68
Date of Birth	: 1953-02-17	Member ID	: 11004915
Evaluator Name	: Brittney	Date	: 2021-07-08T09:57
Gender	: Female	Address	: 1906 IDLEWOOD AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	: none	Phno	: 8049186507,

C. Toileting : **No**

D. Bathing : **Need Some Help**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

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

How many stairs can you climb : **Six to ten**

Care management related to past medical history

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

Answer: Cane , Walker

Are you currently seeing any specialists?

Answer: **No**

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

Refer patient for a physical therapy evaluation : **5 or more**

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 3 years ago for COPD 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: **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
--------	--------

Patient Assessment Summary

Name	: BLANCHE E ROBINSON	Age	: 68
Date of Birth	: 1953-02-17	Member ID	: 11004915
Evaluator Name	: Brittney	Date	: 2021-07-08T09:57
Gender	: Female	Address	: 1906 IDLEWOOD AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	: none	Phno	: 8049186507,

Colonoscopy	Yes
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

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	htn, MI, CAD	old age
Mother	Htn, T2DM, envolent on bedrest	alive
Sibling1	CANCER, T2dm, htn	cancer; died in 2020

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

Answer: None

Assessors Comments :

68yo female lives in apartment/townhome setting with a friend that comes in and out at times. She cannot read anything, will go to her emergency contact home when filling out medical information to help assist her with reading and writing. She score low on mini-cog, but I do not suspect dementia as she is illiterate and has difficulties with reading and writing. She is fluent in language and understands/speaks appropriately when answering questions. She has polypharmacy and sometimes forgets to take her medications. She does not have a HHA that comes in, but this member would greatly benefit assistance with medication compliance, household chores, and bathing. She has difficulty bathing now because she becomes increasingly SOB from her asthma and COPD. Member is pleasant and agrees to discuss services that would benefit her. Member wants information on podiatrist in her area. Additionally, member needs preventative care cervical screening and bone density. Member wants information on a OBGYN; however, educated that she can also received referrals for these services from her PCP. She currently only sees Dr. William Young, her PCP. CM referral completed.