

Name	: ZAIBUNNISA B JAFFER	Age	: 71
Date of Birth	: 1950-03-27	Member ID	: 11007001
Evaluator Name	:	Date	:
Gender	: Female	Address	: 9301 ELECTRA LN,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8047281633,

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

PRIMARY HEALTH CARE ASSOCIATES  
5855 Bremo Rd  
Richmond,VA,232261930

Dear Dr. PRIMARY HEALTH CARE ASSOCIATES

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:

ZAIBUNNISA B JAFFER  
1950-03-27  
11007001

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	108/80 mmHG	Pulse	83 bpm	Respiratory Rate	14
Temp	97.4	Pulse Oximetry	95	Pain Scale /10	9/10
Age	71	Patients Height	4 feet 11 inch	Patients Weight	114 lbs
BMI	23.0(Obesity (BMI 30 – 34.9))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select			Z12.11	
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-04-27	promacta	25 mg/1 tablet	PO = By Mouth	QD	Taking

## Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-04-27	multivitamin	1 tablet	PO = By Mouth	q day
2021-04-27	Vitamin D	1 tablet	PO = By Mouth	q day

### - Race

Answer: Other

Describe

Answer: ASIAN/PACIFIC

### - Preferred language

Answer:

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## Diagnoses under Chronic Care Management

### Active

Cataracts, Supported By History, Symptoms

Secondary to Diabetes : **No**

Difficulty with Hearing

Chronic Post Nasal Drip, Supported By Symptoms

Urinary Incontinence, Supported By History, Symptoms

Related to stress : **Yes**

Related to : **Urgency**

Describe : **Daily**

Osteoarthritis, Supported By Symptoms, Physical Findings

Which joints : **both knees, PIP, MCP, DIP**

Osteoporosis, Supported By Symptoms

Rheumatoid Arthritis, Supported By Symptoms, Physical findings

Which joints : **bilateral knees, wrist arthritis and hand pain**

Thrombocytopenia, Supported By Lab tests, Physical findings, Other

Etiology : **she takes Promacta**

Vitamin D Deficiency, Supported By Medications

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

- 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 :

- 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 :

## 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 : **Need Some Help**

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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 : **Need Some Help**

How far can you walk : **Less than one block**

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: None

Comment:

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Hematologist	Dr. Kumar Abhishek	low platelets
Other	Dr. Dumah	knees, ankles, joints in hands

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**

If one or more, describe

**low platelets and bleeding**

C. Stayed in the hospital overnight : **3**

If one or more, describe

**same as above**

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**

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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
Colonoscopy	No
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
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	cancer throat	
Mother	passed 1994	

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

Answer: **None**

Assessors Comments : Needs dexascan has kyphosis cervical, has not been screened for osteoporosis, needs dexa scan