

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Dr. Bailey

, VA,

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To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



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

Dr. Bailey
,VA,

Dear Dr. Dr. Bailey

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:

DARYL JORDAN
1947-02-01
11007387

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 | : DARYL JORDAN | Age | : 74 |
| Date of Birth | : 1947-02-01 | Member ID | : 11007387 |
| Evaluator Name | : undefined | Date | : undefined |
| Gender | : Male | Address | : 211 MARCELLA ROAD,HAMPTON,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : | Phno | : 7572689921, |

Your Vital Signs

| | | | | | |
|----------------|-------------------------------|-----------------|-------------|------------------|---------|
| Blood Pressure | 130/78 mmHG | Pulse | 80 bpm | Respiratory Rate | 16 |
| Temp | 98.1 | Pulse Oximetry | 97 | Pain Scale /10 | 1/10 |
| Age | 74 | Patients Height | 6 feet inch | Patients Weight | 178 lbs |
| BMI | 24.1(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 | Member Refused | | | | |
| DEXA | No | | | | |
| PAD | No | | | | |
| Peak Flow Meter | No | | | | |

Allergies

Answer: No

Your Medications

| Diagnoses | Label Name | Dose / Units | Route | Frequency | Prescribing Physician | Status |
|----------------|-------------|--------------|---------------|-----------|-----------------------|------------|
| | SIMVASTATIN | TAB 20MG | Select | Select | | Not Taking |
| | AMLODIPINE | TAB 10MG | Select | Select | | Not Taking |
| | FUROSEMIDE | TAB 20MG | Select | Select | | Not Taking |
| TIA/stroke | CLOPIDOGREL | TAB 75MG | PO = By Mouth | QD | pcp | Taking |
| HTN | prinivil | 10mg | PO = By Mouth | QD | pcp | Taking |
| hyperlipidemia | fish oil | 1000mg | PO = By Mouth | QD | pcp | Taking |

Over the Counter Medications / Supplements

Answer: yes

| Date | Description | Dose/Units | Route | Frequency |
|------------|-----------------|-------------|---------------|-----------|
| 2021-07-18 | probiotic | 2 capsules | PO = By Mouth | daily |
| 2021-07-18 | prostate health | 2 soft gels | PO = By Mouth | BID |
| 2021-07-18 | vitamin c | 1000mg | PO = By Mouth | daily |

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| | | | | |
|------------|----------------|----------|---------------|-------|
| 2021-07-18 | centrum silver | 1 tablet | PO = By Mouth | daily |
| 2021-07-18 | vitamin d | 1000 IU | PO = By Mouth | daily |

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : **No**

Other, Supported By Symptoms

Other : **loss of taste/smell- last 20 years**

Difficulty Chewing

Because of pain : **No**

Cardiomyopathy

Secondary to Hypertension : **yes**

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **No**

fish oil, hx of muscle/leg cramps

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Stroke, Supported By Physical findings

BPH, Supported By Symptoms, Medication

Osteoarthritis, Supported By Symptoms

Which joints : **right wrist**

Other, Supported By History, Symptoms, DME

Other : **lower leg swelling, cramps that are worse at night, wears compression socks.**

Vitamin D Deficiency, Supported By Medications

History Of

GERD, Supported By Heartburn / Dyspepsia

TIA, Supported By History

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

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

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Comment :

Do you have someone who can help if you are sick or have problems? : **Yes**

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 :

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 : **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 : **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: Walker , Wheel Chair , Urinal

Are you currently seeing any specialists?

Answer: No

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **2**

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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: **No**

- 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 |
|----------------------------|----------------|
| Colonoscopy | Yes |
| Breast Exam/Mammography | Not Applicable |
| Cervical Screening | Not Applicable |
| Bone Density | No |
| Prostate Exam/PSA | Yes |
| If Diabetic Eye Exam | Not Applicable |
| If Diabetic Foot Exam | Not Applicable |
| If Diabetic Hgb A1c screen | Not Applicable |
| Lipid Panel | Yes |

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

| Family Member | Medical Condition | Cause of Death |
|---------------|-------------------|----------------|
| Other | alzheimers | unknown |
| Father | legally blind | unknown |
| Mother | alcoholic | MI |

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

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Answer: **None**

Assessors Comments :

After confirmation of patient's name and DOB a face to face appointment was performed. The patient did not endorse vitamin B deficiency, hematuria, or neuropathic bladder. He answered questions appropriately and was interactive during appointment. He does express frustration that the apartment complex has not changed the carpet in his apartment for some time. He reports he is doing his best to keep it clean. He would like a referral for a dentist and home health aide so he can receive help with ADLs, mainly cleaning and assistance with bathing, as his usual support person where he lives is not able to help him anymore.