

CONFIDENTIAL INFORMATION

From :

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

To :

ARMISTEAD, SCOTT
4730 N Southside Plaza St
232241742

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

ARMISTEAD, SCOTT
4730 N Southside Plaza St
Richmond

ARMISTEAD, SCOTT

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:

JACKIE V GREENE
1962-04-25
11007499

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.

Sincerely,

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name	: JACKIE V GREENE	Age	: 59
Date of Birth	: 1962-04-25	Member ID	: 11007499
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 5201 MEDIA ROAD,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8042903580,8049188362

Your Vital Signs

Blood Pressure	108/68 mmHG	Pulse		Respiratory Rate	
Temp	97.4	Pulse Oximetry		Pain Scale /10	6/10
Age	59	Patients Height	5	Patients Weight	118
BMI	19.0				

Your Screenings

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

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
migraines	SUMATRIPTAN	TAB 50MG	PO = By Mouth	PRN	Dr. Donaldson	Taking
hip pain,	IBUPROFEN	TAB 800MG	PO = By Mouth	PRN	Dr. Betty	Taking
depression	DULOXETINE	CAP 30MG	PO = By Mouth	QD	Dr. Betty	Taking
spasms hands and legs	CYCLOBENZAPR	TAB 10MG	PO = By Mouth	QD	Dr. Betty	Taking
hips and knees	LIDOCAINE	PAD 0.05	T = Topical	QD	Dr. Betty	Taking
pain	OXYCODONE	TAB 15MG	PO = By Mouth	PRN	Dr. Betty	Taking
OD risk	NARCAN	SPR	PO = By Mouth	QD	Dr. Betty	Taking
spasms	TIZANIDINE	CAP 4MG	PO = By Mouth	PRN	Dr. Betty	Taking
GERD	OMEPRAZOLE	CAP 40MG	PO = By Mouth	QD	Dr. Betty	Taking
scleroderma	PREDNISONE	TAB 20MG	PO = By Mouth	QD	Dr. Betty	Taking
migraines	UBRELVY	TAB 100MG	PO = By Mouth	BID	Dr. Betty	Taking

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wounds from scleroderma- no open wounds at present	poly mem	1 application	T = Topical	PRN	Dr. Betty	Taking
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Over the Counter Medications / Supplements

Answer: No

Race

Answer: African American

Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Others

Otherleft eye, blurry vision

Difficulty Chewing

Because of painNo

Sarcoidosis

GERD

Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Migraine Headaches

Other

Other

Other

Other

Other

Other

History Of

Other

Otherpatient tried to hang herself and sustained cervical fractures 25 years ago but cannot recall which ones were fractured.

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

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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

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

Currently a caregiver for someone **Yes**

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 :

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**

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

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

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **One block**

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

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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: Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Other	Dr. Christopher Wise-Rheumatologist	scleroderma
Neurologist	Dr. Rachel Donaldson	aneurysm

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 : **1**

If one or more, describe

fractured right shoulder and bruised face after passing out in kitchen April 2020.

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: 2018 headaches, found aneurysm and kept her for 2 weeks.

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

Answer: Once

Comment: tripped on O2 cord

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

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

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:

Have you lost weight in the past 6 months?

Answer: 10lbs

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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	Yes
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	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	cardiac issues	
Mother	diabetes	

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

Answer: Once

Comment: tripped on O2 cord

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

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: No

Assessors Comments :

Patient wants to see if she can get a better oxygen tank, she feels as if the one she has now limits her ability to get out
needs another eye exam for this year
bottom partial got lost, needs new dentist