

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

ELLIOTT, ROBERT  
527 Pocket Rd  
245632023

**IMPORTANT WARNING:** This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

**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

ELLIOTT, ROBERT  
527 Pocket Rd  
Hurt

ELLIOTT, ROBERT

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:

ALLENZA COLES  
1931-06-03  
11007724

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	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

## Your Vital Signs

Blood Pressure	104/40 mmHG	Pulse	68	Respiratory Rate	16
Temp		Pulse Oximetry		Pain Scale /10	5/10
Age	90	Patients Height	5	Patients Weight	123
BMI	18.2				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: yes

Substance	Reaction
PCN	hives, SOB
morphine	hives, SOB

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
glaucoma	PREDNISOLONE	SUS 1% OP	Select	Select	PCP	Taking
HTN	AMLODIPINE	TAB 5MG	Select	Select	PCP	Taking
BPH	FINASTERIDE	TAB 5MG	Select	Select	PCP	Taking
UTI	CEFUROXIME	TAB 500MG	Select	Select	urologist	Taking
UTI	NITROFURANTIN	CAP 100MG	Select	Select	urologist	Taking
BPH	TAMSULOSIN	CAP 0.4MG	Select	Select	urologist	Taking
hypothyroidism	LEVOTHYROXIN	TAB 50MCG	Select	Select	pcp	Taking
	BRIMONIDINE	SOL 0.2% OP	Select	Select		Not Taking
	FREESTYLE	KIT SENSOR	Select	Select		Taking
GERD	PANTOPRAZOLE	TAB 40MG	Select	Select	PCP	Taking

# Patient Assessment Summary

Name	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

glaucoma	DORZOLAMIDE	SOL 2% OP	Select	Select	PCP	Taking
HTN	LOSARTAN POT	TAB 25MG	Select	Select	PCP	Taking
	BD PEN NEEDL	MIS 31GX8MM	Select	Select		Taking
RLS	ROPINIROLE	TAB 1MG	Select	QD	PCP	Taking
unknown	ACYCLOVIR	CAP 200MG	Select	QD	PCP	Taking
neuropathy	GABAPENTIN	TAB 600MG	Select	TID	PCP	Taking
glaucoma	LATANOPROST	SOL 0.00005	Select	Select	PCP	Taking
DM	LANTUS SOLOS	INJ 100/ML	Select	Select	PCP	Taking
	OMEPRAZOLE	CAP 20MG DR	Select	Select		Not Taking
pain control	HYDROCO/APAP	TAB 5-325MG	Select	PRN	PCP	Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Not Taking
depression	DULOXETINE	CAP 30MG	Select	Select	PCP	Taking
	COLCHICINE	TAB 0.6MG	Select	Select		Not Taking
a fib	CLOPIDOGREL	TAB 75MG	Select	Select	PCP	Taking
seasonal allergies	HYDROXYZ HCL	TAB 10MG	Select	QD	PCP	Taking
	ELIQUIS	TAB 2.5MG	Select	Select		Not Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Not Taking
	DOXYCYCL HYC	CAP 100MG	Select	Select		Not Taking
	CEFDINIR	CAP 300MG	Select	Select		Not Taking
depression	CITALOPRAM	TAB 10MG	Select	Select	PCP	Taking
DM	NOVOLIN	INJ 70/30 FP	SQ = Subcutaneous	BID	PCP	Taking
hyperlipidemia	ATORVASTATIN	TAB 40MG	Select	Select	PCP	Taking
	OFLOXACIN	DRO 0.3% OP	Select	Select		Not Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-17	tylenol	650mg	PO = By Mouth	PRN

### Race

Answer: **African American**

### Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Difficulty with vision

Legally Blind**No**

# Patient Assessment Summary

Name	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

## Difficulty with Hearing

### Other

Otherseasonal allergies

## Difficulty Chewing

Because of painNo

## COPD

Has patient been told they have Chronic BronchitisNo

Has patient been told they have EmphysemaYes

Is patient on BronchodilatorNo

daughter at visit was not aware of inhaler

Is patient on SteroidsNo

daughter at visit was not aware of inhaler

Does patient have current exacerbationNo

## Atrial Fibrillation

Supported byMedications

Is patient takingAnticoagulant

## Congestive Heart Failure

DescribeUnknown

Secondary to HypertensionYes

Is patient on an ACE or ARBYes

Is patient on a Beta BlockerNo

## Hyperlipidemia

Is patient on StatinYes

## Hypertension

Adequately controlledYes

## Peripheral Vascular Disease

History DiabetesYes

DescribeUlceration

## GERD

### Other

Otherdiverticulosis

## Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

## BPH

## Chronic Kidney Disease

What stage3 [GFR 30-59]

Secondary to DiabetesYes

Secondary to HypertensionYes

## Frequent UTI

## Wound

EtiologyTraumatic

right foot

## Diabetes

TypeType 2

# Patient Assessment Summary

Name	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

Most recent Hb A1C, value**unsure**

And Date**unsure**

Met with a nurse or dietician for diabetic education **No**

Met with a diabetic educator**No**

Peripheral Neuropathy secondary to Diabetes

Patient sees Podiatrist**Yes**

How often : **Twice a year**

Peripheral Vascular Disease secondary to Diabetes

Patient sees Podiatrist**Yes**

How often : **Twice a year**

History Of

Glaucoma

Secondary to Diabetes**Yes**

Type :

Cancer

Type**Prostate**

Specific type/s**UNSURE**

Stage or Classification specific to the cancer**UNSURE**

Active treatment**No**

History / Finding of Metastasis**No**

Do you see a specialist?**Yes**

Provider : **[object Object]**

---

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

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.

How much school have you completed?**Completed 3rd grade**

Comment : **through 6th grade**

When you get written information at a doctor's office would you say it is?**Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself?**Not Very 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 :

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

Durable Power of Attorney **Yes**

Comment :

# Patient Assessment Summary

Name	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders **Yes**

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 : **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 : **No**

F. Eating : **No**

G. Walking : **Need Some Help**

How far can you walk : **Household only**

Comment: using a wheelchair most of the time, is able to make transfers

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

How many stairs can you climb : **None**

## 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

Are you currently seeing any specialists?

Answer: **Yes**

Comment: daughter did not have the Dr. names available

Medical Specialty	Specialist	For
Cardiologist		HTN, CHF
Urologist		chronic UTI, BPH
Podiatrist		foot ulcer, DM foot checks
Gastroenterologist		GERD, diverticulosis

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

Refer patient for a physical therapy evaluation : **4**

A. Seen your PCP

Comment: has an appt early next week

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

# Patient Assessment Summary

Name	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

B. Visited the Emergency Room : 5 or more

If one or more, describe

visits were related to: Vomiting, dehydration, UTI

C. Stayed in the hospital overnight : 1

If one or more, describe

tx for UTI

D. Been in a nursing home : None

E. Had Surgery : 1

If one or more, describe

R 2nd toe amputation January 2021

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

Answer: Yes

Describe

Answer: UTI- required a few days of IV abx

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

Answer: Twice

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: 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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes



# Patient Assessment Summary

Name	: ALLENZA COLES	Age	: 90
Date of Birth	: 1931-06-03	Member ID	: 11007724
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 33,HURT,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349442556,4343696970

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
Other	sleep apnea	n/a
Other	cancer, DM	cancer

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

Answer: Twice

### 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 :

After confirmation of patient's name and DOB a virtual visit was performed. Information was provided by the patient with assistance from his daughter. The patient was pleasant and appropriate during the visit and answered all questions. Part of the physical exam including auscultation and palpation were not able to be assessed due to the nature of a virtual visit. Inspection and direct visualization were utilized to assess appearance/normal variance. All questions were answered and they understand further communication will be provided by focus care if there are any additional questions or concerns. Of note, the patient/his daughter deny anemia, urinary/fecal incontinence, sleep apnea, and liver disease. We discussed appropriate nutrition including adequate water intake, protein, and boost/ensure.