

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

CHO, KATHIE H  
9000 Stony Point Pkwy  
232351900

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

CHO, KATHIE H  
9000 Stony Point Pkwy  
Richmond

CHO, KATHIE 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:

**BRENDA LANK**  
**1984-11-24**  
**11007725**

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	: BRENDA LANK	Age	: 36
Date of Birth	: 1984-11-24	Member ID	: 11007725
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1021 German School Rd Apt 506,Richmond,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8043570093,8044470270

## Your Vital Signs

Blood Pressure	113/80 mmHG	Pulse	79	Respiratory Rate	16
Temp	97.5	Pulse Oximetry	99	Pain Scale /10	0
Age	36	Patients Height	5	Patients Weight	165
BMI	31.2				

## 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: yes

Substance	Reaction
Penicillin	rash
Bactrim	sensation of skin being frozen and peeled off

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Irregular menses	APRI	TAB	PO = By Mouth	QD	PCP	Taking
Anxiety	BUSPIRONE	7.5 mg	PO = By Mouth	BID	Psychiatrist	Taking
hypotension	Florinef	0.2 mg	PO = By Mouth	QD	Nephrologist	Taking
hypotension	NaCL	600 mg	PO = By Mouth	BID	Nephrologist	Taking
Anxiety, insomnia	Melatonin	10 mg	PO = By Mouth	HS	Psychiatrist	Taking
Anxiety, depression	Venlafaxine	225 mg	PO = By Mouth	QD	Psychiatrist	Taking
Anxiety/	TRAZODONE	TAB 150MG	PO = By Mouth	QD	Psychiatrist	Taking

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Depression					rist	
Anxiety	Clonazepam	0.5 mg	PO = By Mouth	PRN	Psychiatrist	Taking
Neuropathy	GABAPENTIN	CAP 100MG	PO = By Mouth	QD	PCP	Taking
Seasonal Allergy	Loratadine	10 mg	PO = By Mouth	QD	PCP	Taking
Vitamin D deficiency	Vitamin D3	1000 iu	PO = By Mouth	BID	PCP	Taking
Vit B12 deficiency	Vitamin B12	1 cap	PO = By Mouth	QD	PCP	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-27	MVI	1 tab	PO = By Mouth	daily

### Race

Answer: **Caucasian**

### Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Difficulty with vision

Legally Blind**No**

Difficulty with Hearing

Other

Other**allergic rhinitis**

Other

Other**stress induced laryngitis**

Other

Other**symptomatic postural hypotension**

Other

Other**Nutrient malabsorption s/p bariatric surgery**

Depression

Major**Yes**

Supported by : **Chronic use of antidepressant medication beyond 6 months**

Generalized Anxiety Disorder

Peripheral Neuropathy

Secondary to Diabetes**No**

Other

Other**Memory deficit**

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## Other

OtherIrregular menses

## Other

OtherPOTS

## History Of

Sleep Apnea

## Anemia

EtiologyIron deficiency

If yes, Patient onB 12

## 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.

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

Comment :

Social service referral to further assess social support infrastructure

Who do you currently live with?Alone

Comment :

Do you have someone who can help if you are sick or have problems?No

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

Are you nervous, anxious, feel on the edge or often feel stressed?Yes

Comment :

Do you worry too much about different things?Yes

Comment :

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

having you had little interest or pleasure in doing thingsMore than half the days

Comment :

have you been feeling down, depressed or hopeless at times 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.

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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 : No

E. Dressing : No

F. Eating : No

G. Walking : No

H. Going up or down stairs : No

## Care management related to past medical history

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

Answer: None

Comment: reports needing walker to support during onset of hypotension with dizziness symptoms

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist	Ngo	symptomatic hypotension
Endocrinologist	Ngo	symptomatic hypotension,
Nephrologist	Sica	POTS
Psychiatrist		generalized anxiety, depression
Neurologist	Edmonson	worsening neuropathy, memory issues

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

fall attributed to hypotension

C. Stayed in the hospital overnight : 1

If one or more, describe

worsening confusion, depression

D. Been in a nursing home : None

E. Had Surgery : None

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

Answer: Yes

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## Describe

Answer: **bariatric surgery, depression/anxiety related symptoms, breast biopsy**

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

Answer: **Once**

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

Answer: **Yes**

**Worries about falling or feeling unsteady when standing or walking?**

Answer: **Yes**

**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	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	ETOH, drug abuse	unknown if still living
Mother	TMJ	
Sibling1	glaucoma, RA	living
Other	Paternal grandfather	throat cancer with mes

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Other	Paternal grandmother	skin cancer
Other	Paternal cousin	mental breakdown

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

Answer: **Once**

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

Answer: **Yes**

**Worries about falling or feeling unsteady when standing or walking?**

Answer: **Yes**

**Did you have a fracture in past 6 months?**

Answer: **No**

## Assessors Comments :

Face to face assessment done. Patient verbalized better depression since recent hospitalization. Follows up with counselor every week, has a 3x/week skill builder therapy. Has a new referral and appointment with neurologist with increasing memory lapses. Would benefit from visiting health aid to provide physical assistance. Instructed to connect with care coordinator.

- instructed on importance of completing recommend screening and immunization
- fall risk precaution instructed
- instructed on having care coordinator and counselor phone handy for follow up and assistance