

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. Olinger, August

Danville, VA,

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

Olinger, August  
Danville, VA,

Dear Dr. Olinger, August

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:

WENDY MITCHELL  
1962-08-20  
11007760

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	: WENDY MITCHELL	Age	: 58
Date of Birth	: 1962-08-20	Member ID	: 11007760
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 211 PARSON STREET,DANVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 3364977647,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	14
Temp		Pulse Oximetry		Pain Scale /10	65/10
Age	58	Patients Height	5 feet 3 inch	Patients Weight	260 lbs
BMI	46.1(Morbid Obesity (BMI = or > 40))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	Yes	2021-01-20	Negative		
DEXA	No				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: **yes**

Substance	Reaction
PCN	anaphylaxis

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	OXYCODONE	TAB 5MG	Select	Select		Not Taking
DM	METFORMIN	TAB 1000MG ER	PO = By Mouth	BID	PCP	Taking
DM	JARDIANCE	TAB 10MG	PO = By Mouth	QD	PCP	Taking
bipolar/ anxiety	ESCITALOPRAM	TAB 10MG	PO = By Mouth	QD	PCP	Taking
	PIOGLITAZONE	TAB 15MG	Select	Select		Not Taking
bipolar/ anxiety	QUETIAPINE	TAB 25MG	PO = By Mouth	TID	PCP	Taking
HTN	LISINOPRIL	TAB 10MG	PO = By Mouth	QD	PCP	Taking
hyperlipidemia	ATORVASTATIN	TAB 40MG	PO = By Mouth	HS	PCP	Taking
anxiety	HYDROXYZ PAM	CAP 25MG	PO = By Mouth	PRN	PCP	Taking

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	BACLOFEN	TAB 10MG	Select	Select		Not Taking
DM	TRULICITY	INJ 1.5/0.5	SQ = Subcutaneous	QW	PCP	Taking
bipolar/ anxiety	BUSPIRONE	TAB 30MG	PO = By Mouth	BID	PCP	Taking
sleep	TRAZODONE	TAB 150MG	PO = By Mouth	HS	PCP	Taking
	TRAMADL/APAP	TAB 37.5-325	Select	Select		Not Taking
	PROMETHAZINE	TAB 25MG	Select	Select		Not Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Not Taking
	CLINDAMYCIN	CAP 150MG	Select	Select		Not Taking
	NARCAN	SPR	Select	Select		Not Taking
	ENULOSE	SOL 10GM/15	Select	Select		Not Taking
	NITROFURANTN	CAP 100MG	Select	Select		Not Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Comment : Naproxen 1-2 tablets PO PRN pain, colace 1 capsule PRN constipation

Date	Description	Dose/Units	Route	Frequency
2021-07-26	womens multivitamin	1 tablet	PO = By Mouth	daily
2021-07-26	ASA	650mg	PO = By Mouth	BID
2021-07-26	glucosamine	2 tabs	PO = By Mouth	daily
2021-07-26	krill oil	2 tabs	PO = By Mouth	daily
2021-07-19	tylenol	650mg	PO = By Mouth	PRN

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Cataracts, Supported By Symptoms

Secondary to Diabetes : **Yes**

Difficulty with vision

Legally Blind : **No**

Difficulty with Hearing

Vertigo, Supported By History

Do you lose your balance : **Yes**

possible syncopal episode a couple months ago, is due to discuss with PCP 8/6.

Difficulty Chewing

Because of pain : **No**

missing teeth- being fitted for dentures

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Sleep Apnea, Supported By Positive sleep studies

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Other, Supported By History, Image studies

Other : **cardiomegaly**

GERD, Supported By Heartburn / Dyspepsia

Other, Supported By History, Test results

Other : **hiatal hernia, fatty liver**

Bipolar Disorder, Supported By Medication

Generalized Anxiety Disorder, Supported By Symptoms, Antianxiety medication

Other, Supported By History, Medications

Other : **PTSD**

Urinary Incontinence, Supported By Symptoms

Related to stress : **Yes**

Related to : **Dribbling**

Describe : **Daily**

Other, Supported By History, Symptoms

Other : **denies prolapsed bladder/uterus, reports she has a "tilted bladder"**

Osteoarthritis, Supported By Symptoms

Which joints : **left ankle-- hx of fractured left ankle, multiple surgeries, fusion most recently**

Chronic Kidney Disease secondary to Diabetes, Supported By Other

Describe : **stage 3 kidney disease**

Patient on ACE or ARB : **Yes**

Diabetes, Supported By Lab tests, Medications

Type : **Type 2**

Most recent Hb A1C, value : **6.4**

And Date : **Jan 2021**

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

Met with a diabetic educator : **No**

## History Of

Community Acquired MRSA Infection, Supported By Cultures, Physical findings

Cancer, Supported By Treatments, Surgery

Type : **Colon**

Specific type/s : **[object Object]**

Stage or Classification specific to the cancer : **[object Object]**

Active treatment : **No**

History / Finding of Metastasis : **No**

Do you see a specialist? : **Yes**

Provider : **[object Object]**

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Care management related to self - assessment and psychosocial behaviors

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- 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**

Comment :

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 : **discussed the importance of completing.**

## 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 : **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: Cane , Walker , Wheel Chair

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Gastroenterologist	Dr. Candia	hiatal hernia, colon ca

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Other	Dr Hartline- danville dental	being fitted for dentures
Ophthalmologist	Dr. Chin	DM eye exam
Psychiatrist	Dr. Denunzio	PTSD, bipolar

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : 1

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

B. Visited the Emergency Room : 1

If one or more, describe

end of march/early april - severe dehydration

C. Stayed in the hospital overnight : 1

If one or more, describe

for ankle surgery

D. Been in a nursing home : None

E. Had Surgery : 1

If one or more, describe

March 19, 2021 left ankle fusion

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

Answer: Yes

Describe

Answer: for ankle surgery

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

Answer: Once

Comment: She endorses a fall related to dizziness/ possible syncopal episode. She reports she is going to discuss with her PCP at her upcoming appt, I have instructed her to call 911 if she feels like one of these episodes is coming on.

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: More than 15lbs

## 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

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going forward.

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	Yes
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
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
Mother	bipolar	drug addiction
Sibling1	bipolar	drug addiction
Father	DM, alzheimers	unknown
Other	colon ca	colon ca

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

Answer: Once

Comment: She endorses a fall related to dizziness/ possible syncopal episode. She reports she is going to discuss with her PCP at her upcoming appt, I have instructed her to call 911 if she feels like one of these episodes is coming on.

**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 :

After confirmation of patient's name and DOB a virtual visit was performed. Information was provided by the patient. 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. Please note that during the exam the patient denies borderline personality disorder and prolapsed bladder/uterus.