



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

HAMLOR, GAHEAR
15210 L P Bailey Memorial Hwy
Nathalie, VA, 245773304

Dear Dr. HAMLOR, GAHEAR

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:

ROSE MARIE D SIMS
11007856

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	: ROSE MARIE D SIMS	Age	: 97
Date of Birth	: 1924-10-24	Member ID	: 11007856
Evaluator Name	: test	Date	:
Gender	: Female	Address	: SYLLVIA WILSON,SCOTTSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4344708488,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	97	Patients Height	03 feet 02 inch	Patients Weight	200 lbs
BMI	97.4(Morbid Obesity (BMI = or > 40))				

Your Screenings

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

Allergies

Answer: **yes**

Substance	Reaction
cgfyu	xvttu
gtuy	tddyu
nyg	vhtuk

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescrib ing Physicia n	Status
ddgfdgdfgdfg dgfdgfdgfdg dfg	DONEPEZIL	TAB 5MG	IV = Intravenous	QOD	fgfgxf	Taking
fdgfdgfdgdrgd rgdrgd	MONTELUKAST	TAB 10MG	R = Rectal	TID	cbcbvc	Not Taking
	ELIQUIS	TAB 2.5MG	Select	Select		Not Taking
	MEMANTINE	TAB HCL 10MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	METOPROL TAR	TAB 50MG	Select	Select		Not Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking

Patient Assessment Summary

Name	: ROSE MARIE D SIMS	Age	: 97
Date of Birth	: 1924-10-24	Member ID	: 11007856
Evaluator Name	: test	Date	:
Gender	: Female	Address	: SYLLVIA WILSON,SCOTTSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4344708488,

	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	TIMOLOL MAL	SOL 0.5% OP	Select	Select		Taking
	CEFUROXIME	TAB 250MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Not Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	DONEPEZIL	TAB 10MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	ELIQUIS	TAB 2.5MG	Select	Select		Not Taking
	MEMANTINE	TAB HCL 10MG	Select	Select		Taking
	METOPROL	TAB 50MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	TIMOLOL	SOL 0.5% OP	Select	Select		Not Taking
	CEFUROXIME	TAB 250MG	Select	Select		Taking
	ESCITALOPRAM	20MG	Select	Select		Taking
	ALLOPURINOL	300MG	Select	Select		Taking
	BUMETANIDE	1MG	Select	Select		Not Taking
	HYDROCO/APAP	7.5-325	Select	Select		Taking
	TRAZODONE	100MG	Select	Select		Taking
	QUETIAPINE	200MG ER	Select	Select		Taking
	POT CHLORIDE	10MEQ ER	Select	Select		Taking
	ROSUVASTATIN	40MG	Select	Select		Not Taking
	JANUVIA	100MG	Select	Select		Taking
	PROAIR		Select	Select		Taking
	LEVETIRACETA	750MG	Select	Select		Not Taking
	GLIMEPIRIDE	4MG	Select	Select		Taking
	CODEINE	30MG	Select	Select		Taking
	ONDANSETRON	4MG	Select	Select		Taking
	TOLTERODINE	4MG ER	Select	Select		Not Taking
	ATENOLOL	50MG	Select	Select		Taking
	AMLODIPINE	10MG	Select	Select		Taking
	ADVAIR	250/50	Select	Select		Taking
	MYRBETRIQ	25MG	Select	Select		Not Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Other**

Describe

Patient Assessment Summary

Name	: ROSE MARIE D SIMS	Age	: 97
Date of Birth	: 1924-10-24	Member ID	: 11007856
Evaluator Name	: test	Date	:
Gender	: Female	Address	: SYLLVIA WILSON,SCOTTSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4344708488,

Answer: **other**

- Preferred language

Answer:

Diagnoses under Chronic Care Management

Active

Glaucoma, Supported By Symptoms, Medications, Biopsy, DME

Secondary to Diabetes :

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

History Of

Retinal Disease, Supported By Symptoms, Physical Findings, Biopsy, DME

Secondary to Diabetes : **No**

Chronic Sputum Production, Supported By History, Symptoms, Physical Findings, Medications, Test results, Image studies, Biopsy, DME, Other

Describe : **other**

Rule Out

Other, Supported By Symptoms, DME

Other :

COPD, Supported By Use of accessory muscles, Decreased or prolonged breath sounds

Has patient been told they have Chronic Bronchitis : **Yes**

Has patient been told they have Emphysema : **No**

Is patient on Bronchodilator : **Yes**

Route is : **Nebulizer**

Is patient on Steroids : **Yes**

Route is : **Nebulizer**

Does patient have current exacerbation :

Cardiomyopathy, Supported By Cardiac Cath

Secondary to Hypertension : **yes**

Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : **2**

Comment :

- 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? : **Less than 3rd grade**

Comment :

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 at All Confident**

Comment :

- Social service referral to further assess current living conditions.

Where do you currently live? : **Nursing Home**

Patient Assessment Summary

Name	: ROSE MARIE D SIMS	Age	: 97
Date of Birth	: 1924-10-24	Member ID	: 11007856
Evaluator Name	: test	Date	:
Gender	: Female	Address	: SYLLVIA WILSON,SCOTTSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4344708488,

Comment :

- Social service referral to further assess social support infrastructure

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

Comment :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : Current

Comment :

Type : Cigarettes

Comment :

How Many : 1/2 a pack

Comment :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : Yes

Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : Yes

Comment :

- 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

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

E. Dressing : Need Some Help

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:

Are you currently seeing any specialists?

Answer: No

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Seen your PCP : None

C. Stayed in the hospital overnight : 4

Patient Assessment Summary

Name	: ROSE MARIE D SIMS	Age	: 97
Date of Birth	: 1924-10-24	Member ID	: 11007856
Evaluator Name	: test	Date	:
Gender	: Female	Address	: SYLLVIA WILSON,SCOTTSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4344708488,

If one or more, describe

D. Been in a nursing home : 2

If one or more, describe

E. Had Surgery : 5 or more

If one or more, describe

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

Answer:

- 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:

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	No
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	No
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Don't Know
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	still alive	hjbghjb
Mother	still alive	nnbjbhjb
Sibling1	igyiuuh	bbcy

Patient Assessment Summary

Name	: ROSE MARIE D SIMS	Age	: 97
Date of Birth	: 1924-10-24	Member ID	: 11007856
Evaluator Name	: test	Date	:
Gender	: Female	Address	: SYLLVIA WILSON,SCOTTSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4344708488,

- In the past year how many times have you Fallen?
Answer: **None**

Assessors Comments :