

CONFIDENTIAL INFORMATION

From :

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

To :

ASHRAFI, ABBAS
4630 S Laburnum Ave Ste D
232312441

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

ASHRAFI, ABBAS
4630 S Laburnum Ave Ste D
Henrico

ASHRAFI, ABBAS

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:

LILLIE SMITH
1946-09-08
11007945

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	: LILLIE SMITH	Age	: 75
Date of Birth	: 1946-09-08	Member ID	: 11007945
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 301 DABBS HOUSE RD,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8045642630,

Your Vital Signs

Blood Pressure	150/79 mmHG	Pulse	68	Respiratory Rate	16
Temp	98.1	Pulse Oximetry		Pain Scale /10	
Age	75	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select			r/o colorectal cancer	left kit
DEXA	Select				
PAD	Yes	2020-08-13	L: 1.05, R: 1.07 - Normal		
Peak Flow Meter	Select				

Allergies

Answer: yes

Substance	Reaction
Sulfa	hives

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Hypertension	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	PCP	Taking
Hypertension	CLONIDINE	TAB 0.1MG	PO = By Mouth	BID	PCP	Taking
Hypertension	LISINOP/HCTZ	TAB 20-25MG	PO = By Mouth	QD	PCP	Taking
PVD	CILOSTAZOL	TAB 50MG	PO = By Mouth	BID	PCP	Taking
Arrhythmia, hypertension	METOPROL TAR	TAB 25MG	PO = By Mouth	BID	Cardiologist	Taking
Arrhythmia	ELIQUIS	TAB 5MG	PO = By Mouth	BID	Cardiologist	Taking
Recurrent sinusitis, congestion	IPRATROPIUM	SPR 0.0006	N = Nasal	BID	Pulmonologist	Taking
Recurrent sinusitis,	MONTELUKAST	TAB 10MG	PO = By Mouth	QD	Pulmonologist	Taking

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congestion						
Recurrent sinusitis, congestion	FLUTICASONE	SPR 50MCG	N = Nasal	BID	Pulmonologist	Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-27	Calcium + D3	1 tab	PO = By Mouth	daily
2021-07-27	MVI	1 tab	PO = By Mouth	daily
2021-07-27	Fish Oil	1 tab	PO = By Mouth	daily

Race

Answer: **African American**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind**No**

Other

Other**recurrent sinusitis, congestion**

Abnormal Cardiac Rhythm

Describe**Irregularly Irregular**

Hypertension

Adequately controlled**Yes**

Vitamin D Deficiency

History Of

Other

Other**chronic bronchitis, chronic post nasal drip**

Osteoarthritis

Which joints**right hip**

Care management related to self - assessment and psychosocial behaviors

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 :

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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

- 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: None

Comment:

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Cardiologist		arrythmia, palpitations
Pulmonologist		recurrent sinus congestion

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **2**

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

B. Visited the Emergency Room : **None**

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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: **lumpectomy**

- 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: **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	Yes
Cervical Screening	Yes
Bone Density	Yes
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	DM	unknown
Mother		oral (tongue cancer)
Sibling1	DM	living
Sibling2		alive and well
Sibling3		stroke

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Other	brothers x 3	DM complications x 2, stroke x 1
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- In the past year how many times have you Fallen?

Answer: **None**

Assessors Comments :

Face to face assessment done. Patient reports better sinus congestion symptoms since being seen by a Pulmonologist (sinus specialist) and stated on nasal spray and Montelukast. Denies PVD symptoms.

- educated on importance of completing recommended screening and immunization
- completed Moderna 2 dose of immunization last 04/13/2021