



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

Dr. Andrew Rose
12801 IRON BRIDGE ROAD
CHESTER,VA,238310000

Dear Dr. Dr. Andrew Rose

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:

KAREN CARTER
1954-04-07
11008383

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	: KAREN CARTER	Age	: 67
Date of Birth	: 1954-04-07	Member ID	: 11008383
Evaluator Name	: Candace	Date	: 2021-07-24T08:25
Gender	: Female	Address	: 25614 Simmons Avenue,NORTH DINWIDDIE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8043100479,

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	4
Age	67	Patients Height	5 feet 3 inch	Patients Weight	160 lbs
BMI	28.3(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	No				Unable to perform due to virtual visit.
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: yes

Substance	Reaction
Penicillin	rash
Benadryl	makes her hyper
Zoloft	adverse reaction

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Bipolar	VRAYLAR	CAP 1.5MG	PO = By Mouth	QD	Dr. Snow	Taking
Insomnia	TRAZODONE	TAB 100MG	PO = By Mouth	QPM	Dr. Snow	Taking
Depression	FLUOXETINE	CAP 60MG	PO = By Mouth	QD	Dr. Snow	Taking
Depression	CLONAZEP ODT	TAB 1MG	PO = By Mouth	QD	Dr. Snow	Taking
Hip pain	TRAMADOL HCL	TAB 50MG	PO = By Mouth	PRN	Dr. Rose	Taking
UTI	Bactrim	TAB 800MG	PO = By Mouth	BID	Dr. Rose	Taking

Over the Counter Medications / Supplements

Patient Assessment Summary

Name : KAREN CARTER Age : 67
Date of Birth : 1954-04-07 Member ID : 11008383
Evaluator Name : Candace Date : 2021-07-24T08:25
Gender : Female Address : 25614 Simmons Avenue,NORTH DINWIDDIE,VA
Lob : DSNP Marital Status : Single
Email : Phno : 8043100479,

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-24	Monistat	1 application		topical cream PRN

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : **No**

Sinus Infections, Supported By History, Symptoms

Exudate : **Clear**

Bipolar Disorder, Supported By Medication

Depression, Supported By Use of antidepressant medication

Major : **Yes**

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

Generalized Anxiety Disorder, Supported By Antianxiety medication

Insomnia, Supported By Medication

Other, Supported By Medications

Other : **UTI - Taking Bactrim - 5 more days left on the medication**

Yeast Infection - Taking Monistat

Other, Supported By Medications

Other : **right hip and lower back pain due to over use - Taking Tramadol**

Other, Supported By History

Other : **Factor 5 Lieden**

History Of

Osteoarthritis, Supported By Image studies

Which joints : **history of right hip and bilateral knee replacement**

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 : **3**

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.

Patient Assessment Summary

Name	: KAREN CARTER	Age	: 67
Date of Birth	: 1954-04-07	Member ID	: 11008383
Evaluator Name	: Candace	Date	: 2021-07-24T08:25
Gender	: Female	Address	: 25614 Simmons Avenue,NORTH DINWIDDIE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8043100479,

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

Currently a caregiver for someone : **Yes**

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 :

Do you feel afraid that something bad might happen? : **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 things : **Nearly every day**

Comment :

have you been feeling down, depressed or hopeless at times : **Nearly every day**

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)

Patient Assessment Summary

Name : KAREN CARTER Age : 67
Date of Birth : 1954-04-07 Member ID : 11008383
Evaluator Name : Candace Date : 2021-07-24T08:25
Gender : Female Address : 25614 Simmons Avenue,NORTH DINWIDDIE,VA
Lob : DSNP Marital Status : Single
Email : Phno : 8043100479,

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Psychiatrist	Dr. Snow	mental health

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

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

UTI

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: No

- 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: Yes

Comment: When I was a child and they are not able to harm me now. It was her father.

-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

Patient Assessment Summary

Name	: KAREN CARTER	Age	: 67
Date of Birth	: 1954-04-07	Member ID	: 11008383
Evaluator Name	: Candace	Date	: 2021-07-24T08:25
Gender	: Female	Address	: 25614 Simmons Avenue,NORTH DINWIDDIE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8043100479,

Lipid Panel	Yes
-------------	-----

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	congenital heart failure, enlargement of liver	still living
Father	heart disease	heart attack
Sibling1	1 sister 2 brothers - fatty liver, back pain, kidney disease, mental illness	still living

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

Answer: None

Assessors Comments :

This is a completed audio & video virtual visit. Verbal consent was received by the patient to conduct this virtual visit. Patient identity was verified by address and DOB. Palpation, percussion, and auscultation portions of the assessment were unable to be performed due to this being a virtual visit. Unable to obtain complete set of VS, during HRA visit, due to virtual visit.

The patient's phone died and I called and left a message for her to dry and reconnect at another time and finish her call. (7/24/2021 8:40am). Was able to reconnect with patient and finish her visit. Patient had an elevated PHQ9 score. Currently she has her mother living in the house with her and she is going through hospice care. This has proven to be really difficult for her to handle both physically and emotionally. Discussed that she needs to contact Dr. Snow and let him know what she is going through in order to assist with her medication regimen. She may need counseling so that can better care for herself during this time. Will send referral.