

CONFIDENTIAL INFORMATION

From :

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

To :

ELLIOTT, JOY SPENCE
10510 Jefferson Ave Ste A
236013102

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

ELLIOTT, JOY SPENCE
10510 Jefferson Ave Ste A
Newport News

ELLIOTT, JOY SPENCE

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:

DEBORAH M APPLEWHITE
1948-08-06
11009337

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	: DEBORAH M APPLEWHITE	Age	: 73
Date of Birth	: 1948-08-06	Member ID	: 11009337
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 670 SUMMER DAY CT,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	: Single
Email	: N/A	Phno	: 75732456775,N/A

Your Vital Signs

Blood Pressure	121/63 mmHG	Pulse	52	Respiratory Rate	18
Temp	97.7	Pulse Oximetry	98	Pain Scale /10	0/10
Age	73	Patients Height	5	Patients Weight	210.4
BMI	34.0				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No			Type 2 diabetes mellitus without complications	Unable to perform: No retinal exam camera. The member denies a diagnosis of type 2 diabetes.
HBA1C	Select			Type 2 diabetes mellitus without complications	The member denies a diagnosis of type 2 diabetes.
MICROALBUMIN	Select			Type 2 diabetes mellitus without complications	The member denies a diagnosis of type 2 diabetes.
FOBT	Select			Encounter for screening for malignant neoplasm of colon	
DEXA	Select				
PAD	Yes	2021-02-24	R: 0.50 (Significant) L: 0.87 (Moderate)	Type 2 diabetes mellitus without complications	The member denies a diagnosis of type 2 diabetes
Peak Flow Meter	Select			Hypertension and hyperlipidemia	

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
2021-02-24	oxcarbazepine	300mg	PO = By Mouth	BID		Taking
2021-02-24	carvedilol	3.125mg	PO = By Mouth	BID		Taking
2021-02-24	Furosemide	40mg	PO = By Mouth	QD		Taking
2021-02-24	Vitamin D3	2000 units	PO = By Mouth	QD		Taking
2021-02-24	levetiracetam	500mg	PO = By Mouth	BID		Taking

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2021-02-24	pravastatin	20mg	PO = By Mouth	QD		Taking
2021-02-24	butalbital-acetaminophen	50/325mg	PO = By Mouth	PRN		Taking
2021-02-24	nitroglycerin	0.4mg	PO = By Mouth	PRN		Taking
2021-02-24	Aspirin	81mg	PO = By Mouth	QD		Taking
2021-02-24	Dialyvit	1 tab	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Answer: **No**

Comment : The member reports "no OTC medications and supplements"

Race

Answer: **Other**

Describe

Answer: **"no ethnicity"**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Congestive Heart Failure

Describe **Diastolic**

Secondary to Hypertension **Yes**

Is patient on an ACE or ARB **No**

Is patient on a Beta Blocker **Yes**

Hyperlipidemia

Is patient on Statin **Yes**

Hypertension

Adequately controlled **Yes**

Dementia

Type of Dementia **Alzheimer's disease**

Seizure Disorder

Osteoarthritis

Which joints **Bilateral knees**

Other

Other **vitamin d deficiency**

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 **1**

Comment :

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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 :

When you read the instructions on a prescription bottle would you say that it is?**Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself?**Not Very Confident**

Comment :

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 : d/t COVID-19 pandemic

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.

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 :

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 : **Need Some Help**

How far can you walk : **One block**

Comment: "need assistance or a walker for outside walking. Need to hold the house wall."

H. Going up or down stairs : **Need Some Help**

How many stairs can you climb : **Three to five**

Comment: "Need assistance or need to hold handrails"

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Care management related to past medical history

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

Answer: Walker

Comment: Uses a walker regularly for outside walking.

Are you currently seeing any specialists?

Answer: No

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

1/2021 Visited ER d/t hydration. Stayed for 3-4 hours and discharged to home.

C. Stayed in the hospital overnight : 1

If one or more, describe

12/2020 - d/t disorientated and stayed in the hospital for 4 days.

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: The member's son reported "yes" for this question but unable to explain the reasons.

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

Answer: Once

Comment: The member's son reports X1 fall accident during 2020 but denies any injury.

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

Answer: Yes

Comment: "Sometimes, holding the house wall"

Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

Comment: "Sometimes, holding the house wall"

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

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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	Don't Know
Breast Exam/Mammography	Yes
Cervical Screening	Don't Know
Bone Density	Don't Know
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
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	Diabetes	Diabetes complications

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

Answer: Once

Comment: The member's son reports X1 fall accident during 2020 but denies any injury.

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

Answer: Yes

Comment: "Sometimes, holding the house wall"

Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

Comment: "Sometimes, holding the house wall"

Did you have a fracture in past 6 months?

Answer: No

Assessors Comments :

Mrs. Applewhite is a pleasant 72 years old female who is A&O X1. The member's son who lives with the member stayed during the assessment and answered some of the questions. However, the member's son was unable to explain all details of the member's medical conditions. The member was unable to answer some of the questions or answered "don't know" only. The member missed her follow-up appointment with PCP so the member's son will reschedule an appointment for the member. Reviewed the result of PAD with the member's son and the member. She denies any symptoms of PAD during today's assessment. Recommended the member's son to bring the result of PAD to her PCP and follow up with her PCP. He verbalized understanding. Recommended to visit a podiatrist or her PCP regarding her extremely long toe nails and the member's son verbalized that he will make her an appointment with a podiatrist.