



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

Dr. Haga
Madison Heights,VA,

Dear Dr. Dr. Haga

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:

RYLAND G TUCK
1937-10-30
11009997

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,

A handwritten signature in black ink, appearing to read "Thomas Lundquist".

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name	: RYLAND G TUCK	Age	: 83
Date of Birth	: 1937-10-30	Member ID	: 11009997
Evaluator Name	: Jennifer E	Date	: 2021-07-26T13:00
Gender	: Male	Address	: 2329 FORT AVE,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4348474308,

Your Vital Signs

Blood Pressure	154/76 mmHG	Pulse	91 bpm	Respiratory Rate	12
Temp	98.1	Pulse Oximetry	97	Pain Scale /10	0/10
Age	83	Patients Height	5 feet 8 inch	Patients Weight	144 lbs
BMI	21.9(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: **yes**

Substance	Reaction
zolof	hives

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
GERD	PANTOPRAZOLE	TAB 40MG	PO = By Mouth	QD	Dr. Haga	Taking
HLD	SIMVASTATIN	TAB 20MG	PO = By Mouth	QPM	Dr. Haga	Taking
constipation	MOTEGRITY	TAB 1MG	PO = By Mouth	QD	Dr. Haga	Taking
anxiety	LORAZEPAM	TAB 1MG	PO = By Mouth	TID	Dr. Haga	Taking
seasonal allergies	FLUTICASONE	SPR 50MCG	N = Nasal	PRN	Dr. Haga	Taking
sinus infection	METHYLPRED	TAB 4MG	PO = By Mouth	QD	Dr. Haga	Taking
seasonal allergies	Cetirizine	10 mg	PO = By Mouth	PRN	Dr. Haga	Taking
nausea	Ondansetron	4 mg	PO = By Mouth	PRN	Dr. Haga	Taking

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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
	acetaminophen	325 mg	PO = By Mouth	prn

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : **No**

Sinus Infections, Supported By Medications

Exudate : **Clear**

Other, Supported By History, Medications

Other : **seasonal allergies**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

GERD, Supported By Heartburn / Dyspepsia, Medications

Other, Supported By Symptoms, Medications

Other : **constipation**

Generalized Anxiety Disorder, Supported By Antianxiety medication

Other, Supported By Symptoms

Other : **he reports having difficulty with memory. Pt denies having dementia or any psychiatric diagnosis.**

Osteoarthritis, Supported By Symptoms

Which joints : **neck and shoulders**

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 : **patient states that emergency contact is his sister but she is unable to help him. He mentions a cousin that lives nearby that helps him when needed.**

- 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**

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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 : **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

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Gastroenterologist	Lynchburg gastroenterology	constipation

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

Refer patient for a physical therapy evaluation : **5 or more**

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

constipation

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **None**

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

Answer: **Yes**

Describe

Answer: **constipation**

- 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:

Comment: had lost 15-20 lbs in past two years. Feels his weight has stabilized because Dr. Haga told him to eat three meals a day and he has been trying to do this.

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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Yes
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
Mother		sequela of aging (100 y/o)

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

Answer: **None**

Assessors Comments :

Face to Face visit was completed. Pt was identified with name and date of birth. Pt verbally provided their height and weight. Any blanks left in this assessment were unable to be completed during this assessment today. Pt

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was informed that their PCP would receive a copy of this assessment.

Pt has some difficulty with recent recall and provided me with as many details and answers to questions he was able to. Pt states he has social worker who helps him with appointments and getting help around his house.