



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

CHAUDHARY, AMITA
1715 N George Mason Dr Ste 502
Arlington, VA, 222053668

Dear Dr. CHAUDHARY, AMITA

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:

SELAMAWIT WOLDU
1979-08-26
11010805

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 : SELAMAWIT WOLDU Age : 41
Date of Birth : 1979-08-26 Member ID : 11010805
Evaluator Name : Windy Date : 2021-07-15T13:00
Gender : Female Address : 1961 N CAMEROON ST,ARLINGTON,VA
Lob : DSNP Marital Status : Single
Email : Phno : 7039457553,

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	41	Patients Height	4 feet 11 inch	Patients Weight	87 lbs
BMI	17.6(Malnutrition (BMI < 18.5))				

Comment: patient states md is aware

Your Screenings

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

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-14	Vitamin D	50mg	PO = By Mouth	qday

- Race

Answer: African American

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

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Active

Cerebral Palsy, Supported By History

History Of

Anemia, Supported By Lab tests

Etiology : Other

Describe : undefined

If yes, Patient on : Blood Transfusions

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 :

- 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 confident are you in filling out medical forms by yourself? : Not Very Confident

Comment : parents help her

- 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

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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: **No**

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

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**

C. Stayed in the hospital overnight : **1**

If one or more, describe

for thyroid surgery

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

E. Had Surgery : **1**

If one or more, describe

thyroid surgery

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

Answer: **No**

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

Answer: **More than three times**

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

Answer: **Yes**

Worries about falling or feeling unsteady when standing or walking?

Answer: **Yes**

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	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	Yes
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer: More than three times

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

Answer: Yes

Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

Did you have a fracture in past 6 months?

Answer: No

Assessors Comments :

Identity verified with name and date of birth.
Come blanks left due to nature of virtual visit.
Patient participated in visit.
Discussed frequent falls and patient states assistive devices do not help. She states taking it slow and being aware is the most helpful
Discussed weight with patient and aware is under weight and is discussing with her provider.
Iron deficiency per patient ahs resolved. IN previous documented conditions I was able to review DM and CKD was not listed but patient denied this on ROS.