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|----------------|-------------------|----------------|---|
| Name | : TYNEISHA WALKER | Age | : 36 |
| Date of Birth | : 1984-11-29 | Member ID | : 11010852 |
| Evaluator Name | : Janet | Date | : 2021-04-28T08:07 |
| Gender | : Female | Address | : 3502 TIMBER RIDGE DRIVE,FREDERICKSBURG,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : | Phno | : 8507608075,8507608075 |

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

MARY WASHINGTON HEALTHCARE PHYSICIANS
4370 Starkey Rd
Roanoke,VA,240180603

Dear Dr. MARY WASHINGTON HEALTHCARE PHYSICIANS

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:

TYNEISHA WALKER
1984-11-29
11010852

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

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Your Vital Signs

| | | | | | |
|----------------|-------------------------------|-----------------|---------------|------------------|---------|
| Blood Pressure | 110/68 mmHG | Pulse | 78 bpm | Respiratory Rate | 16 |
| Temp | 98.3 | Pulse Oximetry | 99 | Pain Scale /10 | 3/10 |
| Age | 36 | Patients Height | 5 feet 3 inch | Patients Weight | 112 lbs |
| BMI | 19.8(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 | Select | | | | |
| DEXA | Select | | | | |
| PAD | Select | | | | |
| Peak Flow Meter | Select | | | | |

Allergies

Answer: **yes**

| Substance | Reaction |
|-----------|-----------------|
| Demerol | Anxiety Attacks |
| Morphine | Itching |

Your Medications

| Dose Date | Label Name | Dose / Units | Route | Frequency | Status |
|------------|---------------|--------------|---------------|-----------|--------|
| 2021-04-28 | Hydromorphone | 4mg | PO = By Mouth | PRN | Taking |
| 2021-04-28 | Promethazine | 25mg | PO = By Mouth | PRN | Taking |
| 2021-04-28 | Mertazapine | 30mg | PO = By Mouth | HS | Taking |

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Other**

Describe

Answer:

- Preferred language

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Answer: **English**

Diagnoses under Chronic Care Management

Active

Other, Supported By Medications

Other : **N&V**

Cancer, Supported By Treatments

Type : **Breast**

Specific type/s : **[object Object]**

Stage or Classification specific to the cancer : **[object Object]**

Active treatment : **Yes**

Active treatment : **Other**

Describe : **[object Object]**

Side effects : **Nausea**

vomiting'

History / Finding of Metastasis : **Yes**

Location : **[object Object]**

To Cancer, history / finding of Cachexia : **Yes**

Do you see a specialist? : **Yes**

Provider : **[object Object]**

Care management related to self - assessment and psychosocial behaviors

- 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 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 :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

Care management related to patient's activity levels

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

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

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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 |
|-------------------|------------|---------------|
| Oncologist | Dr. Vaughn | Breast Cancer |

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

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

B. Visited the Emergency Room : **4**

If one or more, describe

Due to chronic Nausea and vomiting.

C. Stayed in the hospital overnight : **4**

If one or more, describe

due to above N&V

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

E. Had Surgery : **1**

If one or more, describe

Lumpectomy in November 2020

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

Answer: Yes

Describe

Answer: Yes Surgery 2019 for c-spine surgery

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

Answer: None

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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 | No |
| 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 |
|---------------|-------------------|----------------|
| Mother | Anemia | |

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

Answer: **None**

Assessors Comments :

History and assessment completed, no abnormal findings on physical assessment. Patient currently actively going through cancer treatment for breast cancer which has mets to neck and hip. Patient would like to have assistance with dental health if that is offered in the plan.