



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

ASAORAGOSTA, KIYOKO
3025 Berkmar Dr Ste 1
Charlottesville, VA, 229011456

Dear Dr. ASAORAGOSTA, KIYOKO

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:

KELLY S EPPARD
1971-12-09
11011183

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	: KELLY S EPPARD	Age	: 49
Date of Birth	: 1971-12-09	Member ID	: 11011183
Evaluator Name	: Candace	Date	: 2021-07-10T15:08
Gender	: Male	Address	: 1150 NORTHWEST DRIVE,CHARLOTTESVLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349628380,

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	49	Patients Height	6 feet 0 inch	Patients Weight	170 lbs
BMI	23.1(Obesity (BMI 30 – 34.9))				

Your Screenings

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

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
heart health	Aspirin	81mg	PO = By Mouth	QD	Dr. ASAORA GOSTA	Taking
constipation	Colace	100mg	PO = By Mouth	PRN	DR. ASAORA GOSTA	Taking
hyperlipidemia	Crestor	10mg	PO = By Mouth	QD	DR. ASAORA GOSTA	Taking
anxiety and depression	Lexapro	5mg	PO = By Mouth	QD	DR. ASAORA GOSTA	Taking
constipation	Miralax	17g	PO = By Mouth	PRN	DR. ASAORA GOSTA	Taking

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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-10	Fish oil	1 tablet	PO = By Mouth	daily

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty Swallowing

Have you had a stroke : **Yes**

Do you eat a special diet : **Yes**

He gets his meats cut up small to prevent choking.

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Other, Supported By Medications

Other : **constipation occasionally - Miralax and Colace when needed**

Occasional bowel incontinence not all the time.

Depression, Supported By Use of antidepressant medication

Major : **Yes**

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

Taking Lexapro

Generalized Anxiety Disorder, Supported By Antianxiety medication

Hemiparesis, Supported By Left sided

Supported by : **History**

Stroke, Supported By Hospitalization

Other, Supported By History

Other : **short term memory loss**

Urinary Incontinence, Supported By History

Related to stress : **Yes**

Related to : **Dribbling**

Describe : **Daily**

Diabetes, Supported By Lab tests, Other

Describe : **Diet Controlled**

Type : **Type 2**

Most recent Hb A1C, value : **5.7**

And Date : **over a year ago**

Met with a nurse or dietician for diabetic education : **Yes**

Met with a diabetic educator : **Yes**

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Treatment includes : **Diet**

Went to meetings at UVA before his last stroke in 2016.

History Of

GERD, Supported By Heartburn / Dyspepsia

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 : **null**

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 : **His parents come and spend time with him and take him out as often as they can. Also, they work with him at his nursing home.**

- Social service referral to further assess current living conditions.

Where do you currently live? : **Nursing Home**

Comment : **Has been there since August 18, 2018 and is there for long term.**

- Social service referral to further assess social support infrastructure

Who do you currently live with? : **Personal Care Worker**

Comment :

Do you have someone who can help if you are sick or have problems? : **Yes**

Comment :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : **No**

Comment :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : **Yes**

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 : **Need Some Help**

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

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **No**

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Comment: can feed himself but sometimes he gets a little choked, pockets food and water in his mouth sometimes.

G. Walking : **No**

Comment: Uses a cane - left sided weakness and contraction on his LUE

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

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

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: **No**

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

Comment: Unsure how often he is seen.

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

B. Visited the Emergency Room : **None**

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

D. Been in a nursing home : **1**

If one or more, describe

He lives at a nursing home.

E. Had Surgery : **None**

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

Answer: **Yes**

Describe

Answer: **strokes (4)**

- 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: **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
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Colonoscopy	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	No
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
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
Father	arthritis - bilateral knees, hip replacement	still living
Mother	thyroid disease	still living
Sibling1	1 brother & 1 sister	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. Patient's mother Betty Eppard was present for the visit and assisted patient with answering assessment questions. Wants to transfer to Albemarle Health and Rehab and needs assistance with scheduling his preventative care visits. Will send referral.