



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

Maria J. Circosta N.P.  
Bridgewater,VA,

Dear Dr. Maria J. Circosta N.P.

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:

**KATHERINE ARBAUGH**  
1957-03-24  
11011308

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 : KATHERINE ARBAUGH  
Date of Birth : 1957-03-24  
Evaluator Name : Bhavita  
Gender : Female  
Lob : DSNP  
Email :

Age : 64  
Member ID : 11011308  
Date : 2021-07-15T13:05  
Address : 8840 Frog Hollow Rd,Linville,VA  
Marital Status : Single  
Phno : 5404051121,5408332123

## Your Vital Signs

Blood Pressure	120/75 mmHG	Pulse		Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	64	Patients Height	5 feet 4 inch	Patients Weight	300 lbs
BMI	51.5(Morbid Obesity (BMI = or > 40))				

## 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
Hypothyroidism	levothyroxine	TAB 200MCG	PO = By Mouth	QD	Maria	Taking
Afib/HTN	CARVEDILOL	TAB 25MG	PO = By Mouth	BID	Mcmun	Taking
afib	WARFARIN	TAB 6MG	PO = By Mouth	Select	Mcmun	Taking
depression	VENLAFAXINE	TAB 225MG ER	PO = By Mouth	QD	Maria	Taking
CHF/HTN	entresto	24-26mg	PO = By Mouth	BID	Mcmun	Taking
DM2	LANTUS SOLOS	80 units	SQ = Subcutaneous	QPM	Maria	Taking
DM2 ---sliding scale	INSULIN ASPA	INJ FLEXPEN	SQ = Subcutaneous	PRN	Maria	Taking
HLD	ATORVASTATIN	TAB 40MG	PO = By Mouth	QPM	Maria	Taking
CHF	SPIRONOLACT	TAB 25MG	PO = By Mouth	QD	Maria	Taking
DM2	JANUVIA	TAB 100MG	PO = By Mouth	QD	Maria	Taking

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DM2	METFORMIN	TAB 1000MG	PO = By Mouth	BID	Maria	Taking
SOB from CHF	Ventolin	2.5mg	PO = By Mouth	PRN	Maria	Taking
vitamin D deficiency	vitamin d2	50000mcg	PO = By Mouth	QW	Maria	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-15	magnesium	200mg	PO = By Mouth	daily

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Cataracts, Supported By History

Secondary to Diabetes :

Sleep Apnea, Supported By Use of CPAP

Atrial Fibrillation, Supported By Paroxysmal

Supported by : **Medications**

warfarin, carvidelol

Is patient taking : **Anticoagulant**

Cardiomyopathy, Supported By Cardiac Cath

Secondary to Hypertension : **yes**

Congestive Heart Failure, Supported By Medications

Describe : **Unknown**

Secondary to Hypertension : **Yes**

Is patient on an ACE or ARB : **Yes**

Is patient on a Beta Blocker : **Yes**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Ischemic Heart Disease (CAD), Supported By Cardiac Cath

Depression, Supported By Use of antidepressant medication

Major : **Yes**

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

Other, Supported By History

Other : **Left foot drop syndrome**

Osteoarthritis, Supported By Symptoms

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Which joints : **bilateral knees**

## Diabetes, Supported By Medications

Type : **Type 2**

Most recent Hb A1C, value : **7**

And Date : **06/2021**

Met with a nurse or dietician for diabetic education : **No**

Met with a diabetic educator : **No**

## Hypothyroidism, Supported By Treatment for hypothyroidism

## Vitamin D Deficiency, Supported By Medications

### History Of

## Cancer, Supported By Treatments, Surgery

Type : **Other**

Describe : **[object Object]**

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

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

Active treatment : **No**

History / Finding of Metastasis : **No**

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

Who do you currently live with? : **Alone**

Comment :

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 :

### - Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed? : **Yes**

Comment :

Do you worry too much about different things? : **Yes**

Comment :

Do you feel afraid that something bad might happen? : **Yes**

Comment :

## Care management related to patient's activity levels

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- 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

Comment: sometimes outdoors

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist	Mcmunn	atrial fibrillation, HTN
Endocrinologist	Augusta Medical Center	hypothyroidism

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

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 : 1

If one or more, describe

hypoglycemia, anxiety attack

C. Stayed in the hospital overnight : None

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: 2011 , patient doesn't recall for what reason she was hospitalized

- 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	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	DM2, heart disease	unknown- possibly heart attack
Mother	unknown	alive

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

Answer: **None**

Assessors Comments :

Katherine is a pleasant 64 y/o female who is stable, alert, oriented. She lives alone. Member id is verified via name, date of birth, and home address. This is a virtual visit with video and audio call therefore parts of the assessment and vital signs were not obtainable. Katherine has multiple heart related conditions and she has an implanted defibrillator. She follows her pcp and specialists regularly. Patient denied any kidney, anxiety, musculoskeletal issues. Otherwise no complaints.