



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

MITCHELL, LARRY G  
1 Clinic Dr  
Richlands, VA, 24641-1102

Dear Dr. MITCHELL, LARRY G

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:

STACHIA R HELTON  
1966-06-29  
11011518

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 : STACHIA R HELTON  
Date of Birth : 1966-06-29  
Evaluator Name : Windy  
Gender : Female  
Lob : DSNP  
Email :

Age : 55  
Member ID : 11011518  
Date : 2021-07-17T08:00  
Address : 189 Brook St,Tazewell,VA  
Marital Status : Single  
Phno : 7573443998,7578750361

## Your Vital Signs

Blood Pressure	138/76 mmHG	Pulse		Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	6
Age	55	Patients Height	5 feet 5 inch	Patients Weight	191 lbs
BMI	31.8(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	No				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
gerd	FAMOTIDINE	TAB 40MG	PO = By Mouth	QD	Nora Crouse	Taking
oa bladder	MYRBETRIQ	TAB 25MG	PO = By Mouth	QD	Nora Crouse	Taking
prevent hypokalemia	POT CHLORIDE	CAP 10MEQ ER	PO = By Mouth	QD	Nora Crouse	Taking
chronic pain	CELECOXIB	CAP 200MG	PO = By Mouth	QD	Nora Crouse	Taking
bipolar do	DIVALPROEX	TAB 500MG DR	PO = By Mouth	QD	Nora Crouse	Taking
depression	CITALOPRAM	TAB 20MG	PO = By Mouth	QD	Nora Crouse	Taking
chronic pain	CYCLOBENZAPR	TAB 10MG	PO = By Mouth	TID	Nora Crouse	Taking
HTN	ATENOLOL	TAB 25MG	PO = By Mouth	QD	Nora Crouse	Taking

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chronic pain	HYDROCO/APAP	TAB 10-325mg	PO = By Mouth	QID	Sierra Thomas	Taking
preipheral edema	FUROSEMIDE	TAB 40MG	PO = By Mouth	QD	Nora Crouse	Taking
bipolar do	ARIPIRAZOLE	TAB 5MG	PO = By Mouth	QD	Nora Crouse	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-16	Vitamin D	1000units	PO = By Mouth	qday

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Difficulty with Hearing

Sleep Apnea, Supported By Use of CPAP

Hypertension, Supported By Medications

Adequately controlled : **Yes**

GERD, Supported By Medications

Bipolar Disorder, Supported By Medication

Depression, Supported By Use of antidepressant medication

Major : **Yes**

Supported by :

Urinary Incontinence, Supported By History

Related to stress : **No**

Describe : **Daily**

Other, Supported By History, Symptoms

Other : **overactive bladder**

Degenerative Disc Disease, Supported By Image studies

Normal bladder and bowel function : **No**

intermittant incontinence and overactive bladder

Site of disease : **Lumbar**

Osteoarthritis, Supported By Symptoms

Which joints : **knee and back pain**

Spinal Stenosis, Supported By Image studies

Normal bladder and bowel function : **No**

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## 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 and or provide medication for smoking cessation.  
Tobacco Use : **Current**  
Comment :  
Type : Cigarettes  
Comment :  
How Many : **1 pack**  
Comment :
- Counsel patient on the need for a Healthcare Proxy.  
Do you have a Healthcare Proxy? : **No**  
Comment :
- Further assessment is required with a GAD 7 and or referral for a psychological evaluation  
Do you worry too much about different things? : **Yes**  
Comment :
- Counsel patient on the need for a Durable Power of Attorney  
Durable Power of Attorney : **Yes**  
Comment :
- Counsel patient on the need for an Advance Directive / MOLST orders  
Advance Directive / MOLST orders : **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 : **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

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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
Other	Sierra Thomas pain management	chronic pain
Other	Dr McCray orthopedist	knee replacements

- 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

right knee pain

C. Stayed in the hospital overnight : None

D. Been in a nursing home : None

E. Had Surgery : 1

If one or more, describe

right total knee

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

Answer: Yes

Describe

Answer: none

- 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: More than 15lbs

## 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	Yes
Cervical Screening	Yes

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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	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: None

### Assessors Comments :

Identity verified by name and date of birth.  
Some areas left blank due to nature of virtual visit.  
Patient participated in visit.