

Name	: THERESA V WALKER	Age	: 45
Date of Birth	: 1976-04-11	Member ID	: 11011627
Evaluator Name	: Temeka	Date	: 2021-03-03T11:15
Gender	: Female	Address	: 16448 DAHLGREN ROAD APT B,KING GEORGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5403102904,

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

SENTARA PRATT MEDICAL GROUP  
5254 Potomac Dr  
King George,VA,224855832

Dear Dr. SENTARA PRATT MEDICAL GROUP

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:

THERESA V WALKER  
1976-04-11  
11011627

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		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	45	Patients Height	5 feet 6 inch	Patients Weight	240 lbs
BMI	38.7(Moderate Obesity (BMI 35 – 39.9))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual, no screenings
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: **yes**

Substance	Reaction
Sulfa	Fever, N/V
Augmentin	swelling
Codeine	N/V
Vitamin K	Breathing difficulties

## Your Medications

Comment : IVIG –infusions QA1 month

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-03-03	Seroquel	100mg	PO = By Mouth	HS	Taking
2021-03-03	Omeprazole	20mg	PO = By Mouth	QD	Taking
2021-03-03	Amlodipine	10mg	PO = By Mouth	QD	Taking
2021-03-03	Prednisone	0.5mg	PO = By Mouth	QD	Taking
2021-03-03	Cellcept	1500mg	PO = By Mouth	BID	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
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2021-03-03	Tylenol	325mg	PO = By Mouth	prn
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## - Race

Answer: **Caucasian**

## - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Hypertension, Supported By Medications

Adequately controlled : **Yes**

GERD, Supported By Heartburn / Dyspepsia

Other, Supported By History, Symptoms, Physical Findings, Medications

Other : **March 2017 Liver Transplant**

Bipolar Disorder, Supported By History of mood swings, Medication

Other, Supported By History, Symptoms, Medications

Other : **Insomnia (Tx Seroquel)**

Other, Supported By History, Symptoms, Medications

Other : **\*\*Muscle Myopathy (Dx 2019, Tx IVIG infusions & Prednisone)-- Diffuse Muscle weakness & profound weakness especially in Bilat arms/legs & torso regions, she rarely leaves home, mostly in bed due to weakness, occasional up walking with support of walker & occasional wheelchair use**

**\*\*Low back pain with Rt Sciatica**

### History Of

Cirrhosis, Supported By Symptoms, Physical findings, Lab studies

End Stage Liver Disease : **Yes**

Hx of End stage Liver disease due to chronic alcoholism & Fatty Liver

As of March 2017, s/p Liver Transplant--currently doing well (Tx Cellcept, Prednisone)

Supported by history / finding of :

## 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 : **0**

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? : **Often**

Comment :

- 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**

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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 / 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 : **Need Some Help**

How far can you walk : **One block**

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

How many stairs can you climb : **None**

## Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Walker , Wheel Chair , Bedside Commode

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Neurologist		Muscle Myopathy
Other	Rheumatologist	Muscle Myopathy
Psychiatrist		Bipolar

If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : **4**

A. Seen your PCP

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

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## B. Visited the Emergency Room : 1

If one or more, describe

Feb 2020--Severe muscle weakness complications

## C. Stayed in the hospital overnight : 1

If one or more, describe

Feb 2020--x5days (Muscle Myopathy)

## 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: March 2017--Liver Transplant

### - 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
Colonoscopy	Yes
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
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Sibling1	Cervical cancer	
Other	MGM Lung cancer, CAD/MI	

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

Answer: **None**

**Assessors Comments :**

Annual Health Assessment, responses provided by member (Theresa).  
 She's s/p Liver Transplant (March 2017) , Hx Liver failure due to Fatty Liver & Alcohol abuse. Currently stable on current Tx regimen, managed by Hepatologist. Also, a.s of Oct 2019 onset of weakness that got progressively worse, Dx Muscle Myopathy (receiving IVIG Tx infusions Qmonth). She reported muscle weakness worse in Bilat arms/legs & torso, therefore bedridden most days but sometimes up with walker with occasional use of wheelchair. Her mother is her designated caretaker who assist with ADLs & other care needs.

\*\*Virtual visit, therefore some blank responses due to limited assessment info.

\*\*Verification: Name/DOB