

CONFIDENTIAL INFORMATION

From :

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

To :

CAO, LYNN
4425 Plank Rd
224074809

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

CAO, LYNN
4425 Plank Rd
Fredericksburg

CAO, LYNN

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:

TARA SUSSMAN
1985-12-27
11011806

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.

Sincerely,

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

Patient Assessment Summary

Name	: TARA SUSSMAN	Age	: 36
Date of Birth	: 1985-12-27	Member ID	: 11011806
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 11200 HARMON CT,FREDERICKSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5403107994,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	36	Patients Height	5	Patients Weight	150
BMI	27.4				

Your Screenings

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

Allergies

Answer: yes

Substance	Reaction
Geodon	Anaphylx
Ceclor	Rash/rash

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescrib ing Physicia n	Status
2021-04-17	Seroquel	25mg	PO = By Mouth	QD		Taking
2021-04-17	Prolixin	0.25mg	PO = By Mouth	QD		Taking
2021-04-17	Celexa	25mg	PO = By Mouth	QD		Taking
2021-04-17	Wellbutrin	150mg	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-04-17	Ibuprofen	200mg	PO = By Mouth	prn

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Race

Answer: **Caucasian**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Bipolar Disorder

Depression

Major**Yes**

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

Generalized Anxiety Disorder

Insomnia

Restless leg syndrome

Schizophrenia

Other

Other**PTSD--(history, current Sx with multiple Tx's Seroquel, Celexa, Wellbutrin, Prolixin**

Degenerative Disc Disease

Normal bladder and bowel function **Yes**

Site of disease**Lumbosacral**

DDD with Hx of bulging disc reported, previous Corticosteroid injections & other pain med regimens.

Currently she experiencing pain occasionally, nondaily, using OTC Ibuprofen prn & Topical creams/gels for relief prn

History Of

Drug Dependence

History of Psychosis**No**

What drug/s**Oxycodone**

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

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

Comment**tee**

Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy?**No**

Comment :

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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 :

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**

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
Psychiatrist		Schizoaffective, Bipolar, PTSD

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

Comment: Last visit >1yr

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

March 2021--Stress reaction/distress

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: No

- 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	No
Breast Exam/Mammography	No
Cervical Screening	No
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	No

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	CAD/CABG	
Other	DM	

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, responses provided by member (Tara).
She's followed by Mental Health for Schizoaffective, Bipolar, Anxiety, PTSD.
She is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

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

**Verification: Name/DOB