

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. LANTZ, JERI LYNN
1030 S Jefferson St Ste 106
Roanoke, VA, 240164418

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

LANTZ, JERI LYNN
1030 S Jefferson St Ste 106
Roanoke, VA, 240164418

Dear Dr. LANTZ, JERI 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:

JOSEPH B NOLAN
1980-07-16
11014041

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	: JOSEPH B NOLAN	Age	: 41
Date of Birth	: 1980-07-16	Member ID	: 11014041
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1538 MAIDEN LN,GRANDIN ROAD,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5406137992,

Your Vital Signs

Blood Pressure	135/85 mmHG	Pulse	70 bpm	Respiratory Rate	17
Temp	98.2	Pulse Oximetry	98	Pain Scale /10	0
Age	41	Patients Height	5 feet 11 inch	Patients Weight	475 lbs
BMI	66.2(Morbid Obesity (BMI = or > 40))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No		Per NP Patient too drowsy to complete eye exam.	DM TYPE 2, HYPERTENSION	
HBA1C	Select			DM TYPE 2	
MICROALBUMIN	Select			DM TYPE 2, HYPERTENSION	
FOBT	Select				
DEXA	Select				
PAD	Member Refused			DM TYPE 2, HYPERTENSION, HYPERLIPIDEMIA	MEMBER REFUSED PAD SCREENING, STATES HE WAS "TOO TIRED"
Peak Flow Meter	Select				

Allergies

Answer: yes

Substance	Reaction
AMPICILLIN	SEIZURES
, PENICILLIN	SEIZURES

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
HYPERLIPIDEMIA	ATORVASTATIN	TAB 20MG	PO = By Mouth	QD		Taking
	VITAMIN C	250MG	PO = By Mouth	QOD		Taking
GOUT	BETHANECHOL	10MG	PO = By Mouth	TID		Taking
CONSTIPATION	DULCOLAX	10MG	Select	QD		Taking
DEPRESSION	WELLBUTRIN XL	150MG	PO = By Mouth	QD		Taking

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DM TYPE 2	JARDIANCE\	25MG	PO = By Mouth	QAM		Taking
	ERGOALCIFEROL	50,000UNITS	PO = By Mouth	QW		Taking
	FERROUS SULFATE	325MG	PO = By Mouth	Select		Taking
	gabapentin	300MG	PO = By Mouth	TID		Taking
DM TYPE 2	Insulin Aspart	4 UNITS	SQ = Subcutaneous	AC		Taking
DM TYPE 2	Insulin Aspart	SS	SQ = Subcutaneous	AC		Taking
DM TYPE 2	LEVEMIR	44UNITS	SQ = Subcutaneous	BID		Taking
HTN	losartan	50MG	PO = By Mouth	QD		Taking
DM TYPE 2	metformin	1000MG	PO = By Mouth	BID		Taking
	ROXICODONE	5MG	PO = By Mouth	TID		Taking
BPH	FLOMAX	0.4MG	PO = By Mouth	HS		Taking
DM TYPE 2	TRULICITY	0.75MG/0.5M L	SQ = Subcutaneous	QW		Taking
HTN	VALSARTAN	50MG	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-12	TYLENOL	650MG	PO = By Mouth	

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Depression, Supported By Use of antidepressant medication

Major : **NO**

BPH, Supported By Medication

Gout, Supported By Medications

Diabetes, Supported By Medications

Type : **Type 2**

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

And Date : **JANUARY 2021**

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

Met with a diabetic educator : **No**

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Anemia, Supported By Lab tests

Etiology : **Iron deficiency**

If yes, Patient on : **Iron**

Care management related to self - assessment and psychosocial behaviors

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How confident are you in filling out medical forms by yourself? : **Not Very Confident**

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

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 :

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 : **Need Some Help**

E. Dressing : **No**

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F. Eating : **No**

G. Walking : **Need Some Help**

Comment: WALKER

How far can you walk : **Less than one block**

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

Comment: CANE

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: Walker , Urinal

Are you currently seeing any specialists?

Answer: **No**

- 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 : **None**

C. Stayed in the hospital overnight : **1**

If one or more, describe

1/2021 BKA

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

If one or more, describe

LEFT LEG BKA

E. Had Surgery : **1**

If one or more, describe

LEFT LEG BKA

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

Answer: **Yes**

Describe

Answer: **diabetes**

- 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**

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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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	No
If Diabetic Eye Exam	No
If Diabetic Foot Exam	Yes
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 :

MEMBER IDENTIFICATION CONFIRMED BY PATIENT NAME, DOB, AND ADDRESS.
COVID SCREENING COMPLETED BEFORE ENTRY.
BLANKS IN PHYSICAL EXAM WERE UNASSESSED.