

CONFIDENTIAL INFORMATION

From :

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

To :

Emily Crabtree (FNP)
1014 Park Ave NW
24273

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

Emily Crabtree (FNP)
1014 Park Ave NW
Norton

Emily Crabtree (FNP)

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:

VICTORIA S RHEA
1993-09-30
11014180

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 | : VICTORIA S RHEA | Age | : 27 |
| Date of Birth | : 1993-09-30 | Member ID | : 11014180 |
| Evaluator Name | : undefined | Date | : undefined |
| Gender | : Female | Address | : C/O DANNY RHEA,CLEVELAND,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : | Phno | : 2768895394,4237234221 |

Your Vital Signs

| | | | | | |
|----------------|------|-----------------|-----|------------------|-----|
| Blood Pressure | | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | 0 |
| Age | 27 | Patients Height | 5 | Patients Weight | 232 |
| BMI | 34.3 | | | | |

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 |
|------------|-----------------------------|
| Risperadol | Aggressive/Violent behavior |
| Augmentin | Upset stomach/N/V |
| Bactrim | Rash |
| Lamictal | Severe rash |
| Prednisone | Psychological distress Sx |

Your Medications

| Diagnoses | Label Name | Dose / Units | Route | Frequency | Prescribing Physician | Status |
|--|--------------|--------------|---------------|-----------|-----------------------|--------|
| Anxiety/ Seizures/ Mood disorder | DIAZEPAM | TAB 5MG | PO = By Mouth | PRN | Psychiatrist | Taking |
| Schizo / Bipolar | ARIPIRAZOLE | TAB 5MG | PO = By Mouth | HS | Psychiatrist | Taking |
| Mood/Schizo/ Bipolar | BENZTROPINE | TAB 1MG | PO = By Mouth | BID | Psychiatrist | Taking |
| Depression/ Anxiety | ESCITALOPRAM | TAB 20MG | PO = By Mouth | QD | Psychiatrist | Taking |
| muscle | BACLOFEN | TAB 10MG | PO = By Mouth | PRN | Neurolog | Taking |

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Lob : DSNP Marital Status : Single
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| | | | | | | |
|----------------------------------|--------------|-------------|---------------|--------|--------------|--------|
| spasms | | | | | ist | |
| Anxiety | PROPRANOLOL | CAP 60MG ER | PO = By Mouth | PRN | Dr Crabtree | Taking |
| Seizures | VIMPAT | TAB 200MG | PO = By Mouth | BID | Neurologist | Taking |
| Allergy Sx | MONTELUKAST | TAB 10MG | PO = By Mouth | QD | Dr Crabtree | Taking |
| Depression/ Mood/ Insomnia | AMITRIPTYLIN | TAB 25MG | PO = By Mouth | HS | Psychiatrist | Taking |
| BCP | PREVIFEM | 1 TAB | PO = By Mouth | QD | Dr Crabtree | Taking |
| Allergy Sx | Claritin | 10mg | Select | Select | Dr Crabtree | Taking |

Over the Counter Medications / Supplements

Answer: yes

| Date | Description | Dose/Units | Route | Frequency |
|------------|-------------|------------|---------------|--------------|
| 2021-07-23 | Tylenol | 325mg | PO = By Mouth | prn pain |
| 2021-07-23 | Melatonin | 10mg | PO = By Mouth | Qhs-Insomnia |

Race

Answer: Caucasian

Preferred language

Answer:

Diagnoses under Chronic Care Management

Active

Other

OtherAllergic Rhinitis--Tx Claritin, Singulair

Bipolar Disorder

Depression

MajorYes

Supported by : Chronic use of antidepressant medication beyond 6 months

Tx Lexapro, Abilify, Elavil

Generalized Anxiety Disorder

Insomnia

Intellectual and or Developmental Disability

DescribeOther

Describe :

Schizophrenia

Seizure Disorder

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Other

OtherPoor balance with weak legs reported due to recurrent frequent seizures--using wheelchair prn when leaving the home
Muscle Spasms--Tx Baclofen

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 cog0

Comment :

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.

When you get written information at a doctor's office would you say it is?Very difficult

Comment :

When you read the instructions on a prescription bottle would you say that it is?Very difficult

Comment :

How confident are you in filling out medical forms by yourself?Not at All 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

Do you have someone who can help if you are sick or have problems?Yes

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 :

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy Yes

Comment :

Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney 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 : Need Some Help

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

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B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **Household only**

H. Going up or down stairs : **Need Total 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: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

| Medical Specialty | Specialist | For |
|-------------------|------------|-------------------------|
| Neurologist | | Seizures |
| Psychiatrist | | Mental Health Disorders |

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

Comment: Annual visits & prn, last visit March 2021

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

B. Visited the Emergency Room : **None**

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: Multiple hospitalizations for evaluation of Seizure activity

- 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

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Comment: Unable to accurately assess, minimum verbal responses

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 | Not Applicable |
| 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 |
|---------------|------------------------|----------------|
| Father | HTN | |
| Other | PGF (CAD/CHF) | |
| Other | MGM (CVD/CVA, CHF, DM) | |

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, responses provided by parents (Pamela & Danny Rhea). She's followed by Neurologist for severe issues with Epilepsy seizures with almost frequent daily episodes, a VNS (Vagal Nerve Stimulator) in place to help control frequency/intensity of seizure episodes. She has a learning disability with mental/cognitive/intellectual impairment. Also, followed by Psychiatry for numerous mental health conditions (Explosive Anger issues, Schizophrenia, Bipolar, Depression/Anxiety).

**ID badge presented/Informed info will be sent to PCP

**Provided counseling for Preventive Health maintenance recommendations

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

**Verification: Name/DOB