

Name	: MICHAEL MARSHALL	Age	: 49
Date of Birth	: 1971-07-04	Member ID	: 11014780
Evaluator Name	: Temeka	Date	: 2021-02-05T11:17
Gender	: Male	Address	: 1303 HIGHLAND AVE,PORTSMOUTH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7573925886,

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

PORTSMOUTH FAMILY MEDICINE
825 Fairfax Ave
Norfolk,VA,235071914

Dear Dr. PORTSMOUTH FAMILY MEDICINE

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:

MICHAEL MARSHALL
1971-07-04
11014780

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	49	Patients Height	5 feet 6 inch	Patients Weight	163 lbs
BMI	26.3(Obesity (BMI 30 – 34.9))				

Your Screenings

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

Allergies

Answer: No

Your Medications

Dose Date	Label Name	Dose / Units	Route	Frequency	Status
2021-02-05	Paxil	50mg	PO = By Mouth	QD	Taking
2021-02-05	Trazadone	50mg	PO = By Mouth	HS	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-02-05	Probiotic	1 tab	PO = By Mouth	QD
2021-02-05	Multivitamin	1 tab	PO = By Mouth	QD

- Race

Answer: African American

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

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Active

Other, Supported By History, Symptoms

Other : Gastritis (followed by Gastroentrolgy)

Depression, Supported By Use of antidepressant medication

Major : Yes

Supported by : Chronic use of antidepressant medication beyond 6 months

Generalized Anxiety Disorder, Supported By Symptoms, Antianxiety medication

Other, Supported By History, Symptoms, Medications

Other : Insomnia ()Trazadone)

Osteoarthritis, Supported By Symptoms

Which joints : Bilat knees, Lt Hip

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 :

- 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? : Sometimes

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

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 :

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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

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	Depression/Anxiety/Insomnia	
Gastroenterologist		Gastritis

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

Refer patient for a physical therapy evaluation : **3**

A. Seen your PCP

Comment: PCP visit avg Q3-6months, last visit Dec 2020

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

B. Visited the Emergency Room : **1**

If one or more, describe

Nov 2020--ER visit for Abdominal pain r/t Gastritis

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?

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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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	No
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**

Comment: Unknown

Family Member	Medical Condition	Cause of Death
Mother	multiple CVA's, HTN, DM	

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

Answer: **None**

Assessors Comments :

Annual Health Assessment, some responses by member (Michael) but most responses provided by wife(Christina). Although they are legally separated, she assist with medical & business affairs. Disability for Mental health & cognitive issues

Virtual exam, therefore some blank responses due to limited exam info
 **Verification: Name/DOB