

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MILLER, DAVID BROOKE  
250 Memorial Dr  
Luray, VA, 228351000

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

MILLER, DAVID BROOKE  
250 Memorial Dr  
Luray, VA, 22835-1000

Dear Dr. MILLER, DAVID BROOKE

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:

MARY R FLETCHER  
1935-07-08  
11016164

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	: MARY R FLETCHER	Age	: 86
Date of Birth	: 1935-07-08	Member ID	: 11016164
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 464 TIGER VALLEY ROAD, WASHINGTON, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5406836753, 5407492497

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	86	Patients Height	5 feet 2 inch	Patients Weight	128 lbs
BMI	23.4(Obesity (BMI 30 – 34.9))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
HTN	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	Dr. Miller	Taking
HTN	CARVEDILOL	TAB 3.125MG	PO = By Mouth	QD		Taking
CAD risk	ASA	81 mg	PO = By Mouth	QD		Taking
Replacement	VITAMIN D	5000 IU	PO = By Mouth	QD		Taking

## Over the Counter Medications / Supplements

Answer: No

### - Race

Answer: African American

### - Preferred language

Answer: English

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## Diagnoses under Chronic Care Management

### Active

#### Difficulty with vision

Legally Blind : **No**

#### Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

#### Hypertension, Supported By Medications

Adequately controlled : **Yes**

#### Hemiparesis, Supported By Left sided

Supported by : **Physical findings**

#### Urinary Incontinence, Supported By Physical Findings

Related to stress : **No**

Describe : **Daily**

#### Diabetes, Supported By Medications

Type : **Type 2**

Most recent Hb A1C, value : **7.1**

And Date : **May 2021**

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

Met with a diabetic educator : **No**

#### Hypertension and Diabetes, Supported By Medications

Is patient on Ace or ARB : **Yes**

#### Vitamin D Deficiency, Supported By Medications

### History Of

#### Stroke, Supported By Physical findings

#### TIA, Supported By History

## 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.

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

Comment :

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

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 an Advance Directive.

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Do you have an Advance Directive? : **No**

Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : **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 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 : **Need Some Help**

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

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## Care management related to past medical history

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

Answer: Cane , Other

Are you currently seeing any specialists?

Answer: **No**

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

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: **No**

# Patient Assessment Summary

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Lob : DSNP Marital Status : Single  
Email : Phno : 5406836753, 5407492497

- 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	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

## Care management related to diagnoses and symptoms

### Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	unknown	MI
Father	unknown	Died at 106 yrs - "old age"

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

Answer: **None**

### Assessors Comments :

Telehealth visit: Therefore, some areas are left blank due to limited assessment. Verification of patient: Name and DOB.

HRA completed on Ms. Mary Fletcher who was assisted by her son, Michael Fletcher (POA). Both were engaged and answered questions appropriately. Ms. Fletcher was dressed appropriately in no acute distress. She lives alone and has left sided hemiparesis, denies any falls in the last 12 months and verbalizes use of assistive devices to ambulate. Encouraged safety measures to ensure items in home do not pose a tripping hazard to cause falls. Both verbalized understanding. Ms. Fletcher lost her PCA 2 months ago due to life changes with PCA. Mr. Fletcher verbalized he has to find another company/person. Previous PCA was provided by a local company through Medicare. Ms. Fletcher has also received COVID vaccines. Upon completion of the assessment, Ms. Fletcher had no additional questions and/or concerns.