

CONFIDENTIAL INFORMATION

From :

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

To :

MATURI, MARTHA
7601 Little River Tpke Ste 100
220032601

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

MATURI, MARTHA
7601 Little River Tpke Ste 100
Annandale

MATURI, MARTHA

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:

MOHAMMAD SIDDIQUE
1955-01-01
11016915

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 : MOHAMMAD SIDDIQUE
Date of Birth : 1955-01-01
Evaluator Name : undefined
Gender : Male
Lob : DSNP
Email :

Age : 67
Member ID : 11016915
Date : undefined
Address : 6405 HOLYOKE DRIVE, ANNANDALE, VA
Marital Status : Single
Phno : 7033791240, 7036229218

Your Vital Signs

Blood Pressure	148/83 mmHG	Pulse	67	Respiratory Rate	14
Temp		Pulse Oximetry		Pain Scale /10	0
Age	67	Patients Height	5	Patients Weight	234
BMI	34.6				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No		was done at recent PCP visit, daughter cannot recall the result		
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
2021-01-27	vascepa	1 gm, 2 tablets	PO = By Mouth	BID		Taking
2021-01-27	atorvastatin	80 mg	PO = By Mouth	QD		Taking
2021-01-27	metformin hcl	1000 mg	PO = By Mouth	BID		Taking
2021-01-27	hydrochlorothiazide	25 mg	PO = By Mouth	QD		Taking
2021-01-27	amlodipine	5 mg	PO = By Mouth	QD		Taking
2021-01-27	losartan	100 mg	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-01-27	Vitamin B12	1000 mcg	PO = By Mouth	daily

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2021-01-27	ferrous gluconate	324 mg	PO = By Mouth	daily
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Race

Answer: **Other**

Describe

Answer: **No Ethnicity**

Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Hyperlipidemia

Is patient on Statin**Yes**

Hypertension

Adequately controlled**Yes**

Chronic Kidney Disease secondary to Diabetes

Describe**not officially diagnosed yet, defined as "low kidney function"**

Patient on ACE or ARB**Yes**

Diabetes

Type**Type 2**

Most recent Hb A1C, value**unknown**

And Date**last PCP visit tested**

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

Met with a diabetic educator**No**

History Of

Difficulty with Hearing

Other

Other

Other

Other

Care management related to self - assessment and psychosocial behaviors

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.

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

Comment :

Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Currently a caregiver for someone **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
Nephrologist		low kidney function, not on dialysis

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

Refer patient for a physical therapy evaluation : **5 or more**

A. Seen your PCP

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

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

If one or more, describe

COVID+ 8/2020

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

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E. Had Surgery : **None**

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

Answer: **No**

Comment: Went to ER for COVID screening, positive test, did not require hospitalization

- 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	Yes
Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Don't Know
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Father	stroke, HTN	
Mother	MI	
Sibling1	MI	
Other	HTN, DM, MI	

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

Answer: **None**

Assessors Comments : After confirmation of patient's name and DOB and okay for involvement of the patient's daughter Tooba for the

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appointment a virtual visit was performed. Information was provided by the patient and his daughter Tooba. The patient was pleasant and appropriate during the visit and answered all questions. Part of the physical exam including auscultation and palpation were not able to be assessed due to the nature of a virtual visit. Inspection and direct visualization were utilized to assess appearance/normal variance. All questions were answered and they understand further communication will be provided by focus care if there are any additional questions or concerns.