



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

AKRAMI KHASRAGHI, FARDIN
2200 Opitz Blvd Ste 235
Woodbridge, VA, 221913343

Dear Dr. AKRAMI KHASRAGHI, FARDIN

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:

MUNIRA BABAKHANORA
1947-06-25
11017045

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	: MUNIRA BABAKHANORA	Age	: 74
Date of Birth	: 1947-06-25	Member ID	: 11017045
Evaluator Name	: Jennifer B	Date	: 2021-06-02T00:02
Gender	: Female	Address	: 1000 S FREDERICK ST APT 513,ARLINGTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5713314113,7035975786

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	3
Age	74	Patients Height	5 feet 2 inch	Patients Weight	140 lbs
BMI	25.6(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	LISINOPRIL	TAB 20MG	PO = By Mouth	QD	Dr Tea Amzoeeva	Taking
dementia	MEMANTINE	TAB HCL 5MG	PO = By Mouth	QD	Dr Tea Amzoeeva	Taking
GERD	Omeprazole	TAB 40MG	PO = By Mouth	QD	Dr Tea Amzoeeva	Taking
osteoporosis	ALENDRONATE	40mg	PO = By Mouth	QD	Dr Tea Amzoeeva	Taking
restless leg	erbinafine	250mg	PO = By Mouth	QD	Dr Tea Amzoeeva	Taking
constipation	docusate sodiu	100mg	PO = By Mouth	PRN	OTC	Taking

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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-06-02	calcium w/mag and vitamin d	1 cap	PO = By Mouth	daily

- Race

Answer: **Other**

Describe

Answer: **Asian-White**

- Preferred language

Answer: **Other**

If other,

Answer: **Russian**

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By Physical Findings

Secondary to Diabetes : **No**

Legally Deaf, Supported By Physical Findings, Test results

Vertigo, Supported By Symptoms, Physical Findings

Do you lose your balance : **Yes**

Difficulty Chewing

Because of pain : **Yes**

Because you wear partial or complete dentures : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

GERD, Supported By Heartburn / Dyspepsia, Medications

Ulcer Disease, Supported By Endoscopic findings, Medications

Describe : **Gastric**

Positive culture for Helicobacter Pylori : **Yes**

Dementia, Supported By Behavioral changes, Mental testing, Other

Type of Dementia : **Etiology Unknown**

Depression, Supported By Symptoms, Use of antidepressant medication

Major : **Yes**

Supported by : **Chronic use of antidepressant medication beyond 6 months**

Generalized Anxiety Disorder, Supported By Symptoms

Restless leg syndrome, Supported By Symptoms, Medication

Urinary Incontinence, Supported By Symptoms

Related to stress : **No**

Describe : **Few times a week**

Osteoporosis, Supported By Imaging studies

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Other, Supported By Test results

Other : **Prediabetic**

Vitamin D Deficiency, Supported By Medications

Cancer, Supported By Imaging studies

Type : **Brain**

Specific type/s : **[object Object]**

Stage or Classification specific to the cancer : **[object Object]**

Active treatment : **Yes**

Active treatment : **Other**

Describe : **[object Object]**

Side effects : **Loss of appetite**

History / Finding of Metastasis : **No**

Do you see a specialist? : **Yes**

Provider : **[object Object]**

Care management related to self - assessment and psychosocial behaviors

- Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language : **Other**

Comment :

If other, : Russian

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? : **Somewhat difficult**

Comment :

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

Comment :

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? : **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 :

- 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**

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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

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 : **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: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Neurologist		brain tumor

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

syncope/fall

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?

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Answer: **No**

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

Answer: **Once**

Do you worry about falling or feeling unsteady when standing or walking

Answer: **Yes**

Worries about falling or feeling unsteady when standing or walking?

Answer: **Yes**

Did you have a fracture in past 6 months?

Answer: **No**

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: **10lbs**

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	Yes
Cervical Screening	No
Bone Density	Yes
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
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		old age
Father	htn	stroke

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

Answer: **Once**

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Do you worry about falling or feeling unsteady when standing or walking

Answer: **Yes**

Worries about falling or feeling unsteady when standing or walking?

Answer: **Yes**

Did you have a fracture in past 6 months?

Answer: **No**

Assessors Comments :

Patient and grandson agreed to virtual visit. Patient identified by name, dob, and address. Areas of the assessment not completed due to virtual visit. Patient and family requests life alert necklace, please send referral to Virginia Premier. Limited assessment of cranial nerves due to virtual visit.