



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

LITTLES, PAMELA
420 Dewey St Ste 100
Wisconsin Rapids, WI, 54494-4714

Dear Dr. LITTLES, PAMELA

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:

TOMMIE L JONES
1963-09-02
11017571

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	: TOMMIE L JONES	Age	: 57
Date of Birth	: 1963-09-02	Member ID	: 11017571
Evaluator Name	: Shasta	Date	: 2021-06-24T16:00
Gender	: Male	Address	: 320 E MERCURY BOULEVARD, Hampton, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7575046446,

Your Vital Signs

Blood Pressure	129/94 mmHG	Pulse	90 bpm	Respiratory Rate	16
Temp	97.6	Pulse Oximetry	99	Pain Scale /10	0
Age	57	Patients Height	5 feet 6 inch	Patients Weight	155 lbs
BMI	25.0(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				MEMBER STATES COLONOSCPY WITHIN LAST 3 YEASR
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
STROKE/ RIGHT SIDE WEAKNESS	DICLOFENAC	TAB 75MG DR	Select	BID	N/A	Taking
STROKE/HLD	ATORVASTATIN	TAB 40MG	PO = By Mouth	QD	N/A	Taking
HTN	HYDROCHLOROT	TAB 25MG	PO = By Mouth	QD	N/A	Taking
HTN	AMLODIPINE	TAB 5MG	PO = By Mouth	QD	N/A	Taking
SUPPLEMENT	KLOR-CON	TAB 20MEQ ER	PO = By Mouth	QD	N/A	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
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2021-06-24	ASA	81 MG	PO = By Mouth	DAILY
2021-06-24	TYLENOL	500 MG	PO = By Mouth	PRN

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Alcohol Dependence, Supported By Drinking history

History of Delirium Tremens : **No**

History of Psychosis : **No**

Other, Supported By Symptoms

Other : **RIGHT SIDE HEMAPARESIS**

History Of

Stroke, Supported By Hospitalization

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 :

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

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 and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

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Type : Chewing Tobacco

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 :

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 : **Need Some Help**

Refer patient for a physical therapy evaluation related to ADLs

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

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **Need Some Help**

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

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: Cane

Are you currently seeing any specialists?

Answer: Yes

Comment: MEMBER STATES HE DOES FOLLOW UP WITH SPECIALIST BUT UNABLE TO TELL ME WHAT KIND OF SPECIALISTS

Medical Specialty	Specialist	For
Select		

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

Refer patient for a physical therapy evaluation

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A. Seen your PCP : 2

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

B. Visited the Emergency Room : 1

If one or more, describe

ONE SIDE WEAKNESS AND DIAGNOSED WITH STROKE

C. Stayed in the hospital overnight : 1

If one or more, describe

STROKE

D. Been in a nursing home : 1

If one or more, describe

REHAB FOR STROKE

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?

Answer: Twice

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

Answer: No

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: 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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable

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If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Comment: UNKNOWN

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

Answer: **Twice**

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

Answer: **No**

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 :

Member has concerns that he does not have all the assistive devices needed for mobility. Member requesting a motorized scooter because he has right side weakness from his stroke. Member is alert and oriented x3. Member has a sister who helps him. She was not present during this interview.