



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

REHMAN, SYED A
500 Hioaks Rd
Richmond,VA,232254061

Dear Dr. REHMAN, SYED A

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:

ESTHER M BURKE
1973-07-29
11017771

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	: ESTHER M BURKE	Age	: 48
Date of Birth	: 1973-07-29	Member ID	: 11017771
Evaluator Name	: Greta	Date	: 2021-06-11T09:40
Gender	: Female	Address	: 3100 S Battlebridge Dr,North Chesterfield,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8043097390,8043168096

Your Vital Signs

Blood Pressure	110/72 mmHG	Pulse	86 bpm	Respiratory Rate	16
Temp	96.8	Pulse Oximetry	99	Pain Scale /10	2/10
Age	48	Patients Height	5 feet 3 inch	Patients Weight	152 lbs
BMI	26.9(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Yes	2021-06-25	13.5	Z13.1	
MICROALBUMIN	Yes	2021-06-25	0.5	Z13.220	
FOBT	Select				
DEXA	Select				
PAD	Yes		Right foot 1.22 Normal Left foot: 0.68 Moderate		Z13.6
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
stroke	clopidogrel	75mg	PO = By Mouth	QD	Joseph Lerla	Taking
Folic acid deficiency	Folic acid	1 mg	PO = By Mouth	QD	Jospeh Lerla	Taking
hypercholesteremia	pravastatin	10 mg	PO = By Mouth	QD	Jospeph, Lerla	Taking
anxiety	alparazolam	1 mg	PO = By Mouth	TID	Joseph, Lerla	Taking
hypertension	clonidine	0.1 mg	PO = By Mouth	QD	Joseph, Lerla	Taking
Muscle spasms r/t stroke	Baclofen	10 mg	PO = By Mouth	QD	joseph, Lerla	Taking
HTN	Amlodipine Besylate	10 mg	PO = By Mouth	QD	Jospeh, Lerla	Taking

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pain in lower extremities	Norco	5mg-325mg	PO = By Mouth	PRN	Evelyn Cason	Taking
peripheral neuropathy	Gabepentin	300 mg	PO = By Mouth	BID	Jospeh, Lerla	Taking
HTN	HCTZ	25 mg	PO = By Mouth	QD	Joseph, Lerla	Taking
DM	metformin	500 mg	PO = By Mouth	QD	Joseph, Lerla	Taking
nicotine dependence	Chantix	1mg	PO = By Mouth	HS	Evelyn Cason	Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty Swallowing

Have you had a stroke : **Yes**

Do you eat a special diet : **No**

patient feels as if she has difficulty swallowing due to stroke, she is preparing to see a speech pathologist per her doctor's referral

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Generalized Anxiety Disorder, Supported By Antianxiety medication

Peripheral Neuropathy, Supported By Physical findings

Secondary to Diabetes : **Yes**

lower extremities

Stroke, Supported By Hospitalization, Physical findings

Other, Supported By Medications

Other : **right upper and lower extremities**

Urinary Incontinence, Supported By Symptoms

Related to stress : **No**

Describe : **Daily**

Other, Supported By Symptoms, Physical Findings

Other : **left side hemiplegia**

Hypertension and Diabetes, Supported By Medications

Is patient on Ace or ARB : **No**

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Anemia, Supported By Other

Describe : **medications**

Etiology : **Folate Deficiency**

If yes, Patient on : **Folic Acid**

History Of

Frequent UTI, Supported By Symptoms, 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 and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : **More than 1 pack**

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 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**

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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: Cane

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Other	Cordelia	Pain management, peripheral neuropathy
Obstetrician/Gynecologist	Dr. O	routine exams
Podiatrist	Dr. Neil	peripheral neuropathy

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 : **2**

If one or more, describe

UTI May 2nd, dehydration last week

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?

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: **5lbs**

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	Yes

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Cervical Screening	Yes
Bone Density	Not Applicable
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
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	hepatosteotosis, DM, HTN	living

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

Answer: None

Assessors Comments :

could use diabetes educator regarding diet, mother present for interview and says she eats too many carbohydrates
Has GYN appointment for pap smear August 19th, Dr. Neil
She just started Chantix pack, has not quit yet