

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HUNDLEY, SUSAN D
705 Main St
Danville, VA, 245411803

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

HUNDLEY, SUSAN D
705 Main St
Danville, VA, 24541-1803

Dear Dr. HUNDLEY, SUSAN D

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:

DONALD HUDSON
1951-08-09
11017899

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	: DONALD HUDSON	Age	: 70
Date of Birth	: 1951-08-09	Member ID	: 11017899
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 106 Golf Dr, Madison Heights, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434-471-3187,

Your Vital Signs

Blood Pressure	/[object Object] mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	70	Patients Height	5 feet 6 inch	Patients Weight	185 lbs
BMI	29.9(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: **yes**

Substance	Reaction
ASA	ANA

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
A.FIB	PRASUGREL 10	MG TABLET	PO = By Mouth	QD	cardiologist	Taking
ANGINA	ISOSORB MONO	TAB 30MG ER	PO = By Mouth	QD	cardiologist	Taking
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QD	pcp	Taking
ANGINA	NITROGLYCERN	SUB 0.4MG	PO = By Mouth	PRN	cardiologist	Taking
BPH	TERAZOSIN	CAP 2MG	PO = By Mouth	HS	pcp	Taking
HTN	AMLODIPINE	TAB 10MG	PO = By Mouth	QD	pcp	Taking
HLD	ATORVASTATIN	TAB 80MG	PO = By Mouth	HS	pcp	Taking
A.FIB	METOPROL TAR	TAB 50MG	PO = By Mouth	BID	cardiologist	Taking
Vitamin D Def	ergocalciferol	1.25 mcg	PO = By Mouth	QD	pcp	

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Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-21	TYLENOL	500MG	PO = By Mouth	PRN HA
2021-07-21	ZYRTEC	10MG	PO = By Mouth	QD

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Cataracts, Supported By Symptoms, Physical Findings

Secondary to Diabetes : **No**

Myopia, Supported By Glasses/ lenses

Difficulty with Hearing

Chronic Post Nasal Drip, Supported By Medications

Aneurysm, Supported By Physical exam, Ultra sound, last study date & size, Image studies

Describe : **Abdominal**

Angina, Supported By Medications, History characterizing chest pain, Stress test

Describe : **Stable**

Isosorbide ER, Nitro SL PRN

Atrial Fibrillation, Supported By Paroxysmal

Supported by : **Medications**

Is patient taking : **Anticoagulant**

EFFIENT, METOPROLOL

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

ATORVASTATIN

Hypertension, Supported By Medications

Adequately controlled : **UnKnown**

GERD, Supported By Medications

BPH, Supported By Symptoms, Medication

Vitamin D Deficiency, Supported By Medications

Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : 2

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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 :

- 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 :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : **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 :

- 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 :

Do you feel afraid that something bad might happen? : **Yes**

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**

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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: Cane

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist		A.FIB, / STENT PLACEMENT
Ophthalmologist		CATARACTS

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

Refer patient for a physical therapy evaluation : 3

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 : 1

If one or more, describe

STENT PLACEMENT ONE MONTH AGO

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: Three times

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: None

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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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	No
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	DM	
Mother	DM, HEART DISEASE	
Sibling1	DM, HEART DISEASE	

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

Answer: Three times

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 :

Virtual visit completed. Pt's identity confirmed with name, dob, address, and daughter. Pt has recently moved to the area from Boston due to his Cardiac history and his daughter will be his primary caretaker. Pt has not seen his new PCP yet but saw his previous PCP several times last year. Most of his medications were written by his previous MDs. Pt instructed on importance of smoking cessation, to schedule a colonoscopy, to keep immunizations up to date. Pt will at times use a cane when ambulating and has had several falls due to tripping over his feet. Pt instructed he needs a walker as this will provide more stability but he refuses at this time. Pt's son died 07/10/21. Pt states he has had some bad days due to this but does not feel he needs a counselor or therapist at this time. Pt stated if he feels he needs therapy or counseling he will call VP for a mental health referral.