

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ANDREWS, ROY R
2195 Euclid Ave
Bristol, VA, 242013655

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

ANDREWS, ROY R
2195 Euclid Ave
Bristol, VA, 242013655

Dear Dr. ANDREWS, ROY R

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:

BRIAN T BLACKBURN
1990-06-09
11018039

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	: BRIAN T BLACKBURN	Age	: 31
Date of Birth	: 1990-06-09	Member ID	: 11018039
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: WALLACE BLACKBURN,CHESTER,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044816339,8047133876

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	31	Patients Height	6 feet 0 inch	Patients Weight	197 lbs
BMI	26.7(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
ENVIROnmental	sneezes

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
allergies	Fluticasone	1 spray	PO = By Mouth	QD		Taking
seizure, bipolar	lamotrigine	300mg	PO = By Mouth	QD		Taking
bipolar	quetiapine	50mg	PO = By Mouth	BID		Taking
bipolar	Hydroxyzine HCL	50mg	PO = By Mouth	PRN		Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Caucasian**

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- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with Hearing

Difficulty Chewing

Because of pain :

Difficulty Swallowing

Have you had a stroke : **No**

Bipolar Disorder, Supported By History of mood swings, Medication

Cerebral Palsy, Supported By Physical exam

Seizure Disorder, 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**

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? : **Very difficult**

Comment :

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

Comment :

How confident are you in filling out medical forms by yourself? : **Not at All 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 :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for an Advance Directive.

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

Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : **Yes**

Comment :

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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 : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

Comment: MECHANICAL SOFT DIET

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
Psychiatrist	DR. ROSE	BIPOLAR
Neurologist		SEIZURES

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

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

DUE TO HEMATURIA- UTI

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?

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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	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
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
Father	DM,CHF,AMPUTEE R. ARM, ARTHRITIS, HTN, HYPERLIPIDEMIA	NA
Mother	NA	NA

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

Answer: **None**

Assessors Comments : Assessment completed virtually, some items could not be obtained. Identity verified via name and DOB.