

HRA Form

Health Plan :	Virginia Premier Healthcare Advantage
Member Name :	JUDY F BROUGHMAN
Evaluator Name :	test clinicianFE, FNP
Assessment Type :	Health Risk Assessment
DOB :	1950-08-01
Evaluation Date :	2022-12-15 08:13 PM
Visit Type :	In Person

Demographics

Plan	VPHP
Program	MEDICARE
LOB	DSNP
Name	JUDY F BROUGHMAN
Gender	Female
Address	61 KENWOOD LANE
City	LEXINGTON
State	VA
Zip	24450
Date of Birth	1950-08-01
Age(as of date)	72
Marital Status	
Member Identification Number	11003654
HICN	
Phone Number	5404637300
Cell Number	
Alternate Contact Number	
Email	
Emergency Contact	
Phone Number	
Primary Care Physician	SNYDER, JOHN A
Phone Number	5404637300
PCP Address	2927 STUARTS DRAFT HWY ,STE 101
PCP City	STUARTS DRAFT
PCP State	VA

PCP Zip	24477
PCP County	
Office ID	
Office Name	AUGUSTA HEALTH FAMILY PRACTICE

1. Race

- ☒ **Caucasian**
☐ African American
 ☐ Asian
- ☐ Latino
 ☐ Native American
 ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaskan Native
 ☐ Other

Patient's Ethnicity

- ☐ Hispanic
 ☐ Non-Hispanic
 ☐ Other Ethnicity
- ☐ Prefer not to say

Preferred language

- ☐ English
 ☒ **Other**
- If other,
- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> African languages | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> French | <input type="checkbox"/> French Creole | <input type="checkbox"/> German |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hebrew |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Persian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Scandinavian Languages | <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Spanish |
| <input checked="" type="checkbox"/> Tagalog | <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Yiddish | | |

Previously Documented Conditions

Covid Screening

In the last 14 days, have you:

Traveled internationally?	Yes	No
Had known exposure to anyone diagnosed with Corona virus (COVID-19)	Yes	No
Had close contact with someone who has traveled to a high risk area?	Yes	No
Developed Fever?	Yes	No
Developed Cough?	Yes	No

Developed Flu like symptoms?	Yes	No
Developed Shortness of breath?	Yes	No

Screenings Needed

MICROALBUMIN

☐ Yes ☒ No

FOBT

☐ Yes ☒ No

A1C

☐ Yes ☒ No

LDL

☐ Yes ☒ No

RETINAL EYE EXAM

☒ Yes ☐ No

Status options

☐ Member refused ☐ Exam completed ☐ Environmental issue
☐ Result Received

Exam Date

Screening Result

Diagnosis

Comments

DEXA

☐ Yes ☒ No

PAD

☐ Yes ☒ No


Patient Summary

Assessors Comments :

Member Acknowledgment

I have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care

and treatment or, in the event of an emergency, call 911

Member informed of acknowledgment	<input checked="" type="checkbox"/>
Date/Time of Service/Evaluation :	2022-12-15T20:13
Time exam finished	2023-01-12T18:16
I accept the Disclosure Statement	<input checked="" type="checkbox"/>
Provider Signature	<div><div>test clinicianFE</div><div>Digitally signed by test clinicianFE, FNP 2023-01-12, 18:17</div></div>
Addendum	<div></div>
Addendum Signature	

Disclosure Statement

Your health plan, has contracted with Focus Care to conduct a health exam on all of its Medicare members, including you. The health exam includes questions to help your health plan learn more about your current health. The exam may also find things that could effect your health. The results of the exam will help your health plan and your doctor keep you as healthy as possible.

Personal health information, or PHI, is information in your medical record that identifies the record as your record. PHI includes things like your date of birth, age, address, telephone number, and your medical history.

Most of the time, Focus Care will not release your personal information without your permission. Measures are in place to prevent your personal information from being accidentally released in writing, including by use of a computer, or orally. You may request more information about how your personal information is protected.

There are times when Focus Care is allowed to release your personal information without your permission. For example, your medical information may be given to other health care providers who take care of you. The results of this exam will be sent to your health plan and to your doctor.

Focus Care may release your personal health information to a 'business associate'. A 'business associate' is another agency that Focus Care uses to do things, such as billing. We require our 'business associates' to have security measures in place to prevent your personal information from being accidentally released in writing, including by use of a computer, or orally.

Focus Care may be required to release your personal health information, without your permission, by law. including statutes, regulations, or valid court orders.

Focus Care will obtain your permission to use or release your personal health information for any other reason.

Do you have any questions about this information? Would you like to receive this information in a different language?

Your agreement to have this medical exam means you have given your permission to Focus Care to release the results of your medical exam to your health plan and to your doctor. Do you agree?

The information obtained today and any applicable lab results (some of which may become available after subsequent analysis) may be sent to your primary care physician (PCP).