

Patient Assessment Summary

Name	: TEST MEMBER 44	Age	: 70
Date of Birth	: 1952-02-05	Member ID	: 400004
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-9 05:36 PM
Gender	: Male	Address	: 123 Main Street,unknown,un
Lob	: LOB	Marital Status	: Separated
Email	:	Phone	: 000-000-0000,
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	150/90 mmHG	Pulse	86 bpm	Respiratory Rate	12
Temp	99.9	Pulse Oximetry	96	Pain Scale /10	6/10
Age	70	Patients Height	5 feet 9 inch	Patients Weight	240 lbs
BMI	35.4 (Malnutrition)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
HTN	lisinopril		Select	Select		Not Taking
	Select		Select	Select		
	Select		Select	Select		

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-05-20				

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assistive Devices and DME

Cane, Walker, Oxygen, Wheel Chair, CPAP

Falls during the past year

Once

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

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

Care management related to past medical history

Number of times in the past 12 months seen PCP : 3

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: Yes

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Providers:

Medical Specialty	Specialist	For
Primary Care Physician	Dr. Red	
Neurologist		

Family History:

Family Member	Medical Condition	Cause of Death
Father		

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	Yes				
LDL					
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD					

PHQ 2 Score: 0

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Pneumococcal Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	
Diabetic Foot Exam	
Cholesterol Screening	
Glaucoma Screening	
STIs/HIV Screening	
Cervical Cancer Screening	
Osteoporosis Screening	
Prostate Screening	
Fall Risk Screening	

Social

Member educated on advance care planning	
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Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Advanced Directive	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Swallowing evaluation	
Heart Healthy Diet	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	prescribed recommended ssoon Take medicate TRAns
Other	OTHERS others OTHERS

Assessor Comments	
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