



Catherine Cort
Charlottesville, VA,

Virginia Premier Elite Plus
Attn: Medical Management
PO Box 4280
Richmond, VA 23220-0307
1-800-318-6023

2021-12-17

Dear Catherine Cort

Virginia Premier in partnership with Focus Care provided a comprehensive health visit for your patient. The visit was conducted by a Focus Care clinician. Find attached a summary of the visit for:

MELVIN HARRELL
10202861

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,

Dr. Mark Mattingly, MD
[Medical Director]

10202861



Patient Assessment Summary

Name	: MELVIN HARRELL	Age	: 47
Date of Birth	: 1974-06-07	Member ID	: 10202861
Evaluator Name	: Lindsay	Date	: 2021-07-17T14:00
Gender	: Male	Address	: P.O. BOX 1174, ORANGE, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 5403604306, 5403604306,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	14
Temp		Pulse Oximetry		Pain Scale /10	12/10
Age	47	Patients Height	5 feet 9 inch	Patients Weight	158 lbs
BMI	23.3(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
sleep	TRAZODONE	TAB 50MG	PO = By Mouth	HS		Taking
	CIPROFLOXACIN	TAB 500MG	Select	Select		Not Taking
pain	SUBOXONE	MIS 8-2MG	PO = By Mouth	BID		Taking
	LISINAPRIL	TAB 10MG	Select	Select		Not Taking
lichen planus	CLOBETASOL	OIN 0.0005	T = Topical	Select		Taking
HIV	JULUCA	TAB 50-25MG	PO = By Mouth	QD		Taking
lichen planus	FLUCONAZOLE	TAB 200MG	PO = By Mouth	QD		Taking
lichen planus	TACROLIMUS	OIN 0.001	T = Topical	PRN		Taking
lichen planus	DICLOFENAC	GEL 0.01	T = Topical	PRN		Taking
has on hand, has not used	NARCAN	SPR	Select	Select		Not Taking
	MUPIROCIN	OIN 0.02	Select	Select		Not Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Not Taking
vit d	Vitamin D	50000 units	PO = By Mouth	QW		Taking

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deficiency						
help with appetite on certain days of chemo cycle	Prednisone	25mg	PO = By Mouth	BID		Taking
nausea assoc'd w/ chemo	zofran	4mg	PO = By Mouth	PRN		Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Difficulty with vision

Legally Blind : **No**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Lisinopril is currently on hold- weight has fluctuated a lot with current chemo treatment.

Other, Supported By Symptoms, Medications

Other : **pancreatic cancer- significant abdominal pain**

Generalized Anxiety Disorder, Supported By Symptoms, Antianxiety medication

Other, Supported By History, Symptoms

Other : **Meningitis- VP shunt placed to help drain CSF.**

Other, Supported By History, Symptoms, Physical Findings, Medications

Other : **Lichen Planus- right hand only**

Anemia, Supported By Lab tests

Etiology : **Chemotherapy**

If yes, Patient on :

HIV, Supported By Lab tests, Symptoms, Medications

Viral load : **undetected**

C4 : **undetected**

Patient currently symptomatic : **No**

Is patient currently under active treatment : **Yes**

Vitamin D Deficiency, Supported By Labs, Medications

Other, Supported By Symptoms

Other : **fatigue**

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Cancer, Supported By Physical findings, Treatments, Imaging studies

Type : **Pancreas**

Specific type/s : **[object Object]**

Stage or Classification specific to the cancer : **[object Object]**

Active treatment :

History / Finding of Metastasis : **Yes**

Location : **[object Object]**

To Cancer, history / finding of Cachexia : **No**

Do you see a specialist? : **Yes**

Provider : **[object Object]**

History Of

Others, Supported By Other

Describe : **optic neuritis**

Other :

Care management related to self - assessment and psychosocial behaviors

- 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 :

- 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 :

- Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders : **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 : **Need Some Help**

E. Dressing : **No**

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F. Eating : No

G. Walking : No

H. Going up or down stairs : Need Some Help

How many stairs can you climb : More than ten

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Cane , Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Oncologist		pancreatic ca

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 : 2

If one or more, describe

anxiety, fatigue

C. Stayed in the hospital overnight : 1

If one or more, describe

fatigue assoc'd with cancer diagnosis

D. Been in a nursing home : None

E. Had Surgery : 1

If one or more, describe

port placement-- June, about a month ago

- Have you ever been hospitalized prior to the last 12 months?

Answer: Yes

Describe

Answer: fatigue, was diagnosed with pancreatic cancer

- 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: More than 15lbs

Comment: last few months, on chemo

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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	Don't Know
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	DM, HTN, alzheimers	n/a
Other	cancer	liver ca

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

Answer: None

Assessors Comments :

After confirmation of patient's name and DOB a virtual visit was performed. Information was provided by the patient with minimal assistance from his wife. The patient was pleasant and appropriate during the visit and answered all questions. Part of the physical exam including auscultation and palpation were not able to be assessed due to the nature of a virtual visit. Inspection and direct visualization were utilized to assess appearance/normal variance. All questions were answered and they understand further communication will be provided by focus care if there are any additional questions or concerns.