

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. NELSON HENRY

''

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.



NELSON HENRY

, ,

Virginia Premier
Attn: Medical Management
P.O. Box 5307
Richmond, Virginia 23220-0307
1-800-727-7536

2022-02-10

Dear NELSON HENRY

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:

CHRISTIE M LEEPER-CHAVEZ

1980-09-01

4193560

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]

4193560

Patient Assessment Summary

Name : CHRISTIE M LEEPER-CHAVEZ Age : 41
Date of Birth : 1980-09-01 Member ID : 4193560
Evaluator Name : undefined Date : undefined
Gender : Female Address : 810 JETT STREET ,FREDRICKSBURG ,V
Lob : VPM4 Marital Status : Single
Email : Phno : 4346076749, 4346076749,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	41	Patients Height	5 feet 5 inch	Patients Weight	184 lbs
BMI	30.6(Obesity (BMI 30 – 34.9))				

Your Screenings

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

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	SPIRONOLACT	TAB 25MG	PO = By Mouth	QD		Taking
	HYDRALAZINE	TAB 50MG	PO = By Mouth	TID		Taking
	LOSARTAN	TAB 50MG	PO = By Mouth	QD		Taking
	DOXAZOSIN	TAB 4MG	PO = By Mouth	BID		Taking
	VALSARTAN	TAB 320MG	PO = By Mouth	QD		Taking
	VITAMIN	CAP 50000UNT	PO = By Mouth	QW		Taking
	CLONIDINE	TAB 0.1MG	PO = By Mouth	QD		Taking
	MINOXIDIL	TAB 2.5MG	PO = By Mouth	QD		Taking
	CARVEDILOL	TAB 12.5MG	PO = By Mouth	BID		Taking
	AMLODIPINE	TAB 5MG	PO = By Mouth	QD		Taking

Over the Counter Medications / Supplements

Patient Assessment Summary

Name	: CHRISTIE M LEEPER-CHAVEZ	Age	: 41
Date of Birth	: 1980-09-01	Member ID	: 4193560
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 810 JETT STREET, FREDRICKSBURG, VA
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 4346076749, 4346076749,

Answer: **No**

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Sleep Apnea, Supported By Use of CPAP

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Valvular Disease, Supported By History

Describe : **Tricuspid Insufficiency**

Valve replacement : **No**

Which valve, type of replacement : **mitral and tricuspid insufficiency**

Is patient on anticoagulation : **No**

Other, Supported By History

Other : **BARIATRIC SURGERY-GASTRIC BYPASS**

Vitamin B12 deficiency

Malabsorption

Other, Supported By Test results

Other : **Vitamin D deficiency**

History Of

Other, Supported By History

Other : **cardiomegaly**

GERD, Supported By Heartburn / Dyspepsia

TIA, Supported By History

Care management related to self - assessment and psychosocial behaviors

- 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 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 :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

Patient Assessment Summary

Name	: CHRISTIE M LEEPER-CHAVEZ	Age	: 41
Date of Birth	: 1980-09-01	Member ID	: 4193560
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 810 JETT STREET A ,FREDRICKSBURG ,V
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 4346076749, 4346076749,

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**

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: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist		HTN, HEART VALVES

- 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 : **None**

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **1**

If one or more, describe

BARIATRIC SURGERY 12/1/20

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

Answer: **No**

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

Patient Assessment Summary

Name : CHRISTIE M LEEPER-CHAVEZ Age : 41
Date of Birth : 1980-09-01 Member ID : 4193560
Evaluator Name : undefined Date : undefined
Gender : Female Address : 810 JETT STREET ,FREDRICKSBURG ,V A
Lob : VPM4 Marital Status : Single
Email : Phno : 4346076749, 4346076749,

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	Yes
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
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	ANEURYSM, HTN	PASSED AT 39-STROKE
Mother	HYPOTHYROIDISM, HEART DISEASE	NA

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

Answer: **None**

Assessors Comments :

Assessment completed virtually, some items could not be obtained. ID verified via name and DOB. Pt reports that she does not and has never had diabetes. She reports that she only had GERD during her pregnancy. She has not smoked x two years. She reports that she does not have high cholesterol. Patient does not have anemia.