

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. Dr. Dipasquale  
9460 Amberdale Dr Ste A,  
North Chesterfield, VA, 232361259

**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.



Dr. Dipasquale  
9460 Amberdale Dr Ste A,  
North Chesterfield, VA, 232361259

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

2022-02-11

Dear Dr. Dipasquale

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:

BEATRICE M BALBUENA  
1971-03-18  
4589316

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]

4589316

# Patient Assessment Summary

Name	: BEATRICE M BALBUENA	Age	: 50
Date of Birth	: 1971-03-18	Member ID	: 4589316
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 606 WESTOVER HILLS BOULEVARD ,RICHMOND ,VA
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 8045908911, 8045908911,

## Your Vital Signs

Blood Pressure	128/78 mmHG	Pulse	88 bpm	Respiratory Rate	20
Temp	98.1	Pulse Oximetry	97	Pain Scale /10	10
Age	50	Patients Height	5 feet 7 inch	Patients Weight	301 lbs
BMI	47.1(Morbid Obesity (BMI = or > 40))				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2021-07-28	images sent	diabetic retinopathy vs. retinopathy caused by chronic steroid use (formerly) Type 2 diabetes mellitus	
HBA1C	No				discussed with member that company would mail kit since provider is out of kits
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
headaches	TOPIRAMATE	TAB 100MG	PO = By Mouth	BID	dworetz	Taking
htn	HYDROCHLOROT	TAB 12.5MG	PO = By Mouth	BID	naz	Taking
t2dm	METFORMIN	TAB 500MG	PO = By Mouth	BID	yavuz	Taking
hyperlipidemia	ATORVASTATIN	TAB 40MG	PO = By Mouth	HS	carlton np	Taking
gerd	PANTOPRAZOLE	TAB 40MG	PO = By Mouth	AC	carlton np	Taking
anemia	FEROSUL	TAB 325MG	PO = By Mouth	QD	hull	Taking

# Patient Assessment Summary

Name : BEATRICE M BALBUENA Age : 50  
Date of Birth : 1971-03-18 Member ID : 4589316  
Evaluator Name : undefined Date : undefined  
Gender : Female Address : 606 WESTOVER HILLS BOULEVARD ,RICHMOND ,VA  
Lob : VPM4 Marital Status : Single  
Email : Phno : 8045908911, 8045908911,

vertigo	MECLIZINE	TAB 25MG	PO = By Mouth	TID	naz	Taking
t2dm	victoza	18mg/3ml	SQ = Subcutaneous	QW	dispasquale	Taking
htn	toprol-XL	50mg	PO = By Mouth	QD	naz	Taking
vit d deficiency	vitamin d3	5,000IU	PO = By Mouth	QD	carltonnp	Taking
angina	nitroglycerin	0.4mg	S = Sublingual	PRN	naz	Taking

## Over the Counter Medications / Supplements

Answer: **yes**

Date	Description	Dose/Units	Route	Frequency
2021-07-28	ibuprofen	600mg	PO = By Mouth	TID PRN

### - Race

Answer: **Other**

Describe

Answer: **Hispanic**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Others, Supported By History, Symptoms

Other : **blurred vision right eye**

Vertigo, Supported By History, Symptoms, Medications

Do you lose your balance : **Yes**

Hypoventilation secondary to Obesity, Supported By Morbid Obesity, Other

Sleep Apnea, Supported By Use of CPAP, Positive sleep studies

Abnormal Cardiac Rhythm, Supported By ECG, Use of rate controlling drug

Describe : **Tachycardia**

Angina, Supported By Medications, History characterizing chest pain, Stress test

Describe : **Stable**

Hyperlipidemia, Supported By Lab results, Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications, Symptoms

Adequately controlled : **Yes**

GERD, Supported By Heartburn / Dyspepsia, Regurgitation, Medications

Depression, Supported By Symptoms

Major : **NO**

Generalized Anxiety Disorder, Supported By Symptoms

Migraine Headaches, Supported By History, Symptoms, Medications

# Patient Assessment Summary

Name	: BEATRICE M BALBUENA	Age	: 50
Date of Birth	: 1971-03-18	Member ID	: 4589316
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 606 WESTOVER HILLS BOULEVARD ,RICHMOND ,VA
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 8045908911, 8045908911,

## Osteoarthritis, Supported By Symptoms

Which joints : **knees**

## Diabetes, Supported By Symptoms, Medications

Type : **Type 2**

Most recent Hb A1C, value : **unknown**

And Date : **unknown**

Met with a nurse or dietician for diabetic education : **Yes**

Met with a diabetic educator : **Yes**

Treatment includes : **Insulin**

diet, oral hypoglycemic agent, insulin, scheduled bariatric surgery on 8/3/21

## Diabetic Retinopathy, Supported By Laser Therapy

Patient sees Ophthalmologist : **>Twice a year**

she sees eye doctor every 3 months

## Hypertension and Diabetes, Supported By History, Symptoms, Medications

Is patient on Ace or ARB : **Yes**

## Anemia, Supported By Lab tests

Etiology : **Iron deficiency**

If yes, Patient on : **Iron**

doctor wants to start iron transfusions after bariatric surgery

## Vitamin D Deficiency, Supported By Labs, Medications

### History Of

TIA, Supported By History

---

## 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? : **Often**

Comment :

### - Social service referral to further assess current living conditions.

Where do you currently live? : **Other**

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 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 :

### - Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Do you worry too much about different things? : **Yes**

# Patient Assessment Summary

Name : BEATRICE M BALBUENA Age : 50  
Date of Birth : 1971-03-18 Member ID : 4589316  
Evaluator Name : undefined Date : undefined  
Gender : Female Address : 606 WESTOVER HILLS BOULEVARD ,RICHMOND ,VA  
Lob : VPM4 Marital Status : Single  
Email : Phno : 8045908911, 8045908911,

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 : 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: Walker

Comment: rollator walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Hematologist	VCU hematology	anemia
Dermatologist	VCU dermatology	hydranitis suppurativa
Other	orthopedist	OA of knees
Other	plastic surgeon	hydranitis suppurativa
Ophthalmologist	VCU optometry and ophth	diabetic retinopathy
Neurologist	VCU neurology	headache, vision loss right eye
Cardiologist	VCU cardiology	tachycardia
Other	bariatric HCA Dr. Schroder	bariatric surgery

If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 5 or more

A. Seen your PCP

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : 5 or more

If one or more, describe

# Patient Assessment Summary

Name	: BEATRICE M BALBUENA	Age	: 50
Date of Birth	: 1971-03-18	Member ID	: 4589316
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 606 WESTOVER HILLS BOULEVARD, RICHMOND, VA
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 8045908911, 8045908911,

tachycardia, hydranitis suppurativa, T2DM unhealing wound from surgical excision of abscess, vertigo

C. Stayed in the hospital overnight : 2

If one or more, describe

hospitalized over 4 times for wound issues and surgical excision; tachycardia

D. Been in a nursing home : None

E. Had Surgery : 2

If one or more, describe

hydranitis suppurativa abscess excision 3-4 times within the last 1 year

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

Answer: Yes

Describe

Answer: for above reasons and childbirth

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

Answer: Three times

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

Answer: Yes

Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

Did you have a fracture in past 6 months?

Answer: No

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

Comment: gained 25 lbs in the last 6 months

## 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	
Breast Exam/Mammography	No
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes

# Patient Assessment Summary

Name	: BEATRICE M BALBUENA	Age	: 50
Date of Birth	: 1971-03-18	Member ID	: 4589316
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 606 WESTOVER HILLS BOULEVARD ,RICHMOND ,VA
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 8045908911, 8045908911,

Lipid Panel

Yes

## Care management related to diagnoses and symptoms

### Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	cancer (bone, lung, prostate)	father died 2019
Mother	massive MI, CAD, HTN	mom died 2007

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

Answer: Three times

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

Answer: Yes

### Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

### Did you have a fracture in past 6 months?

Answer: No

### Assessors Comments :

50yo female lives in townhome-setting which she walks up 12 steps to enter her home. She uses a rollator walker to ambulate. She is trying to get a shower chair and raised toilet seat. She says that VAP will call every 2 months and speaks to her rep about it; states her ortho doctor and PCP both want these specialty MDE items to help member with her pain and around the house. She has been "dealing with this" since 2019 when discharged from the hospital for hydrenitis suppurativa.

Member has gastric bypass surgery scheduled on 8/3/2021 at HCA Henrico. Member has chronic comorbidities and would like information on HHA services to help with housework, cleaning, etc. Member has a history of breast reduction and her last mammography was 2-3 years ago and member states "it was cloudy." She is talking with her PCP about getting her rescheduled for another mammogram after her bariatric surgery next week. CM referral completed.

NP did not have A1C kits in-home today and member would like one sent to her.