

HRA Form

Health Plan :	Optima Health
Member Name :	JARED L HALSEY
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1981-10-24
Evaluation Date :	2021-7-27 05:00 PM
Visit Type :	

Demographics

Plan	OHP - OPTIMA
Program	MEDICARE
LOB	DSNP
Name	JARED L HALSEY
Gender	Male
Address	5701 Glen Haven Dr
City	Roanoke
State	VA
Zip	24019
Date of Birth	1981-10-24
Age(as of date)	39
Marital Status	Single
Member Identification Number	900036074*01
HICN	
Phone Number	757/641-8225
Cell Number	
Alternate Contact Number	757/641-8225,
Email	
Emergency Contact	Justin and Girlie Hawley (brother and sister-in-law)
Phone Number	808-728-5724
Primary Care Physician	PONDER, JAMES MD
Phone Number	
PCP Address	102B FAIRVIEW DRIVE
PCP City	FRANKLIN
PCP State	VA

PCP Zip	23851
PCP County	
Office ID	208867
Office Name	SOUTHAMPTON 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

2. Preferred language

- ☒ **English**
☐ Other

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

Self-Assessment and Social History

3. How much school have you completed?

- ☐ Less than 3rd grade
 ☐ Completed 3rd grade
 ☒ **Completed 8th grade**
☐ Completed 12th grade
 ☐ Attended College

comments

Attended HS has aged out, did not graduate

4. When you get written information at a doctor's office would you say it is

- ☒ **Very difficult**
- ☐ Somewhat difficult
- ☐ Easy
- ☐ Very easy to understand

comments

Brother and sister-in-law currently help with all medical information as patient does not understand. Previously helped by his mother

5. When you read the instructions on a prescription bottle would you say that it is

- ☒ **Very difficult**
- ☐ Somewhat difficult
- ☐ Easy
- ☐ Very easy to understand

6. How confident are you in filling out medical forms by yourself?

- ☒ **Not at All Confident**
- ☐ Not Very Confident
- ☐ Confident
- ☐ Very Confident

7. How would you rate your health compared to other persons your age?

- ☐ Excellent
- ☒ **Good**
- ☐ Fair
- ☐ Poor

8. During past 3 months, has your physical and or emotional health limited your social activities with family, friends, neighbours or groups?

- ☐ Often
- ☐ Sometimes
- ☐ Almost Never
- ☒ **Never**

9. Where do you currently live?

- ☒ **Home**
- ☐ Apartment
- ☐ Assisted Living
- ☐ Nursing Home
- ☐ Homeless
- ☐ Other

10. Do you have someone you can rely on to help if you are sick or have problems you need to discuss?

- ☒ **Yes**
- ☐ No

11. Who do you currently live with?

- ☐ Alone
- ☐ Spouse
- ☐ Partner
- ☐ Relative
- ☒ **Family**
- ☐ Friend
- ☐ Personal Care Worker

comments

Living with brother, sister-in-law and niece

12. Are you currently a caregiver for someone?

- ☐ Yes
- ☒ **No**

13. Tobacco use

- ☐ Current
- ☐ Former
- ☒ **Never**

14. Alcohol Use

- ☐ Current
- ☐ Former
- ☒ **Never**

15. Do you or have you used recreational drugs or pain medication?

- ☐ Yes
- ☒ **No**

16. Do you have a Healthcare Proxy?

☒ Yes ☐ No ☐ Don't Know

Name

Millie Allmond 757-641-8225

Relationship

Mother

17. Do you have a Durable Power of Attorney?

☒ Yes ☐ No ☐ Don't Know

Name

Millie Allmond

Relationship

Mother

18. Do you have an Advance Directive?

☐ Yes ☐ No ☒ Don't Know

Within the past 12 months we worried whether our food would run out before we got money to buy more. Was that _____ for your household?

☐ Often True ☐ Sometimes True ☒ Never True

Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Was that _____ for your household?

☐ Often True ☐ Sometimes True ☒ Never True

Activities of Daily Living

19. Do you have any difficulty with the following activities?

A. Getting in or out of bed	No	Need Some Help	Need Total Help
Comment: Family states that Mr Halsey is independent, just does not have comprehension or mental ability to understand medical issues			
B. Getting in or out of chairs	No	Need Some Help	Need Total Help
C. Toileting	No	Need Some Help	Need Total Help
D. Bathing	No	Need Some Help	Need Total Help
E. Dressing	No	Need Some Help	Need Total Help
F. Eating	No	Need Some Help	Need Total Help
G. Walking	No	Need Some Help	Need Total Help
H. Going up or down stairs	No	Need Some Help	Need Total Help

Medical History

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

☒ None

21. Are you currently seeing any specialists?

☐ Yes

☒ No

22. In the past 12 months how many times have you?

A. Seen your PCP	None	1	2	3	4	5 or more
B. Visited the Emergency Room	None	1	2	3	4	5 or more
C. Stayed in the hospital overnight	None	1	2	3	4	5 or more
D. Been in a nursing home	None	1	2	3	4	5 or more
E. Had Surgery	None	1	2	3	4	5 or more

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

☒ Yes

☐ No

[Describe](#)

2018 hit by car, jaw surgery, leg fracture, splenic laceration, traumatic pneumothorax, mult fractured ribs

24. In the past year have you received health services from any of the providers below:

Physical Therapist	Yes	No
Occupational Therapist	Yes	No
Dietician	Yes	No
Social Worker	Yes	No
Pharmacist	Yes	No

Comment: Consumer Direct Network

Speech Therapist	Yes	No
Chiropractor	Yes	No
Personal Care Worker (HHA, CNA, PCA)	Yes	No
Meals on Wheels	Yes	No

25. In the past two years have you received any of the treatments below?

Chemotherapy	Yes	No	Unknown
Catheter Care	Yes	No	Unknown
Oxygen	Yes	No	Unknown
Wound Care	Yes	No	Unknown
Regular Injections	Yes	No	Unknown
Tube Feedings	Yes	No	Unknown

Family History

26. Family History

☒ Yes ☐ No

Family Member	Medical Condition	Cause of Death
Father	DM,CAD, pacemaker	
Sibling1	Multiple brothers w/asthma	

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Don't Know

28. Last colonoscopy if more than 2 years ago

☐ 3 – 5 years ago ☐ 6 – 10 years ago ☐ > 10 years ago
☐ Never ☐ Don't know

comments Had colonoscopy for rectal bleeding, determined to be hemorrhoids

29. Screen for abnormal glucose / diabetes - age 40 - 70

☐ Yes ☐ No ☒ NA

30. One time screen for Abdominal Aortic Aneurysm if male with history of smoking, age 65 - 75

☐ Yes ☐ No ☒ NA

31. One time screen for Hepatitis C if born between 1945 - 1965

☐ Yes ☐ No ☒ NA

32. Do you get Flu Vaccine each year?

☐ Yes ☒ No

comments Missed flu vaccine 2020. Per family is fully vaccinated against COVID-19

33. Have you been vaccinated for Pneumonia?

☐ Yes ☒ No

34. Have you been vaccinated for Herpes Zoster?

☐ Yes ☒ No

Allergies / Medications

35. Allergies

☒ Yes ☐ No

Substance	Reaction
Possible dairy	Bleeding/Constipation

Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
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comments Does not take any medications regularly

36. Over the Counter Medications / Supplements

☐ Yes ☒ No

37. Chronic Use of

☒ None

38. Medication Compliance and Knowledge of Use and Disease

1. Do you ever forget to take your medicine?	Yes	No
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Comment: Not applicable as does not take any medications regularly

2. Do you sometimes not pay enough attention to your medication?	Yes	No
3. Do you know the longterm benefit of taking your medicine as told to you by the doctor or pharmacist?	Yes	No
4. When you feel better do you sometimes stop taking your medicine?	Yes	No
5. Sometimes if you feel worse when you take your medicine do you stop taking it?	Yes	No
6. Do you sometimes forget to refill your prescription on time?	Yes	No

Review of Systems and Diagnoses

Eye Problems (Glaucoma, Cataracts, Macular Degeneration, Blindness, Retinal Detachment, Other)

☐ Yes ☒ No

Do you wear glasses or contacts?

☐ Yes ☒ No

Do you have problems seeing at night?

☐ Yes ☒ No

Ear Problems (Hard of hearing, Deaf, Vertigo, Ear Infections)

☐ Yes

☒ No

Nose Problems (Nose Bleeds, Sinus infections, Other)

☒ Yes

☐ No

- Diagnoses

☐ Chronic Post Nasal Drip

☐ Sinus Infections

☐ Other

Describe

☐ Active

☒ History of

☐ Rule out

Supported by

☐ History

☐ Medications

☐ Biopsy

Symptoms

☐ Test results

☐ DME

Physical Findings

☐ Image studies

☐ Other

Other

comments

Itchy eyes, runny nose around cats

Mouth and Throat Problems (Difficulty Chewing, Difficulty Swallowing, Bleeding Gums, Other)

☒ Yes

☐ No

- Diagnoses

☒ Bleeding Gums

☐ Difficulty Swallowing

☐ Bleeding Gums

Describe

☒ Active

☐ History of

☐ Rule out
- Other

comments

Occurs with brushing of teeth. Has not been to dentist in years

- Other

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ History

☐ Medications

☐ Biopsy

Symptoms

☐ Test results

☐ DME

Physical Findings

☐ Image studies

☐ Other

comments

Poor dentition

Neck Problems (parotid Disease, Carotid Stenosis, Other)

☐ Yes

☒ No

Respiratory Problems (COPD, Emphysema, Asthma, Chronic Bronchitis Pneumonia, Other)

☒ Yes

☐ No

- Diagnoses

☐ Acute Pulmonary Embolism

☒ Asthma

☐ Chronic Respiratory Failure

☐ COPD

Acute Upper Respiratory Infection

☐ Chronic Pulmonary Embolism

☐ Chronic Sputum Production

☐ Cystic Fibrosis

- ☐ Hypoventilation secondary to Obesity

☐ Pneumonia

☐ Respirator Dependence/Tracheostomy Status

☐ Sarcoidosis

☐ Other
- ☐ Hypoxemia

☐ Pulmonary Fibrosis

☐ Respiratory Arrest

☐ Sleep Apnea

Asthma

Describe

- ☐ Active

☒ History of

☐ Rule out

comments

Was treated as a child, not currently showing any symptoms

Supported by

- ☐ Wheezing

☒ Use of Bronchodilator

☐ Other
- ☐ Chronic Cough

☐ Use of Inhaled or oral steroids
- ☐ Cyanosis

☐ Use of ventilator

comments

Previous use, no current use

Is patient on controller medications

- ☐ Yes

☒ No

Does patient use rescue medications

- ☐ Yes

☒ No

Does patient have current exacerbation

- ☐ Yes

☒ No

Use of Oxygen

- ☐ Yes

☒ No

Shortness of breath

- ☐ Yes

☒ No

Wheezing

- ☐ Yes

☒ No

Chronic Cough

- ☐ Yes

☒ No

Patient requires durable medical equipment

- ☐ Yes

☒ No

Cardiovascular (Hypertension, Angina, Ischemic Heart Disease(CAD), Myocardial Infarction, Other)

- ☐ Yes

☒ No

Gastrointestinal Problems (Ulcer, Reflux, Hiatal Hernia, Colitis, Other)

- ☐ Yes

☒ No

Bowel Movements

- ☒ Normal

☐ Abnormal

comments

Occ constipation with dairy

Abdominal Openings

- ☐ Yes

☒ No

Rectal Problems

- ☒ Yes
- ☐ No
- ↳ If yes, female

☐ Hemorrhoids

☐ Fissure

☐ Mass

↳ If yes, male

☒ Hemorrhoids

☐ Fissure

☐ Mass

☐ BPH

☐ Prostate mass

Last Bowel Movement

- ☐ Today
- ☒ 1-3 days ago
- ☐ >3 days ago

Neuro / Psych Problems (Stroke, Parkinson's disease, Seizures Paraplegia, Depression, Other)

- ☒ Yes
- ☐ No
- ↳ Diagnoses

☐ Alcohol Dependence

☐ Bipolar Disorder

☐ Cerebral Palsy

☐ Dementia

☐ Drug Dependence

☐ Generalized Anxiety Disorder

☐ Hemiparesis

☐ Insomnia

☐ Migraine Headaches

☐ Muscular Dystrophy

☐ Parkinson's disease

☐ Restless leg syndrome

☐ Seizure Disorder

☐ Stroke

☐ TIA

☐ Other

☐ Amyotrophic Lateral Sclerosis

☐ Cerebral Hemorrhage

☐ Delusional Disease

☐ Depression

☐ Fibromyalgia

☐ Guillain-Barre Disease

☐ Huntington's Chorea

☒ Intellectual and or Developmental Disability

☐ Multiple Sclerosis

☐ Myasthenia Gravis

☐ Peripheral Neuropathy

☐ Schizophrenia

☐ Spinal Cord Injury

☐ Subdural Hematoma

☐ Traumatic Brain Injury
- Intellectual and or Developmental Disability

↳ Describe

☒ Active

☐ History of

☐ Rule out

↳ Supported by

☐ History

☐ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☐ Physical Findings

☐ Image studies

☒ Other

Other

↳ Describe

comments

Has had intellectual issues since birth. Was initially diagnosed as blind and deaf at birth, but was found to be able to see and hear

- ↳ Describe

☐ Down's Syndrome

☐ Psychomotor Retardation

☒ Other

Other

↳ Describe

comments

actual diagnosis not known

Are you nervous, anxious, feel on the edge or often feel stressed?

☐ Yes

☒ No

Do you worry too much about different things?

☐ Yes

☒ No

Do you feel afraid that something bad might happen?

☐ Yes

☒ No

History of headaches

☐ Yes

☒ No

History of auditory hallucinations

☐ Yes

☒ No

History of visual hallucinations

☐ Yes

☒ No

History of psychotic behavior

☐ Yes

☒ No

History of episodes of delirium

☐ Yes

☒ No

Do you follow a special diet?

☒ Yes

☐ No

comments

Avoids dairy

Do you have any weakness or deformity in your arms or legs that limits your ability to get around or do what you want to do?

☒ Yes

☐ No

comments

Some deformities in legs following MVA

Do you have trouble swallowing your food?

☐ Yes

☒ No

Do you have trouble making people understand you when you speak?

☐ Yes

☒ No

Do you trouble understanding what people say to you?

☐ Yes

☒ No

Do your hands shake?

☐ Yes

☒ No

Do you have convulsions and seizures?

☐ Yes

☒ No

Do you have trouble with your memory?

☐ Yes

☒ No

Do you have trouble finding words?

☐ Yes

☒ No

Do you have trouble sleeping?

☐ Yes

☒ No

Have you lost your appetite

☐ Yes

☒ No

Do you hear voices or see things that other people do not

☐ Yes

☒ No

Do you have highs and lows

☐ Yes

☒ No

Do you ever feel like someone is out to get you

☐ Yes

☒ No

How often do you go out to meet with family or friends

☐ Often

☒ Sometimes

☐ Never

GPCOG Score or MMSE Score

GPCOG Score	or MMSE Score

If GPCOG or MMSE is not done, is

☐ Patient oriented to person

☐ Yes

☐ No

comments

Unable to assess as patient just answers yes and laughs. Does name brother and sister-in-law

☐ Patient oriented to place

☐ Yes

☐ No

comments

Unable to assess

☐ Patient oriented to time

☐ Yes

☐ No

comments

Unable to assess

☐ Recall

☐ Good

☐ Poor

comments

Unable to assess

☐ Patient describes recent news event

☐ Yes

☐ Partially

☐ No

comments

Unable to assess

Affect

☒ Normal

☐ Abnormal

comments

Patient is smiling, as co-operative as can be and laughing. Appears to be in good spirits. Family states that he is usually happy, will occasionally have temper tantrums similar to a toddler

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things	Not at all	Several Days	More than half the days	Nearly every day
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comments

Per family report

Feeling down, depressed or hopeless	Not at all	Several Days	More than half the days	Nearly every day
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comments

Per family report

PHQ 2 Score

☒ < 3

☐ 3 or more

Speech

- ☐ Normal
- ☒ Slurred
- ☐ Aphasic
- ☐ Apraxia

Finger to Nose

- ☒ Normal
- ☐ Abnormal

comments

Attempted, did copy placing finger to nose

Heel (Shin) to Toe

- ☐ Normal
- ☐ Abnormal

comments

Attempted, unable to perform

Thumb to Finger Tips

- ☐ Normal
- ☐ Abnormal

comments

Attempted, unable to perform

Sitting to Standing

- ☒ Normal
- ☐ Needs Assistance
- ☐ Unable

Facial / Extremity Movement

- ☐ Motor Tic
- ☐ Vocal Tic
- ☐ Benign (Essential Tremor)
- ☐ Intention Tremor
- ☐ Non-Intention (Pill rolling) Tremor
- ☐ Rigidity
- ☐ Spasticity
- ☐ Chorea Movement
- ☐ Cog wheeling
- ☒ Normal

Gait

- ☒ Normal
- ☐ Limp
- ☐ Wide based
- ☐ Abductor lurch
- ☐ Paretic
- ☐ Shuffling
- ☐ Ataxic
- ☐ Other (Findings may also apply to Musculoskeletal diagnoses)

comments

Has wide gait, bowlegged appearance d/t multiple surgeries following MVA

Genitourinary Problems (Overactive Bladder, Urinary Incontinence Stress Incontinence, Benign Prostatic Hypertrophy, Others)

- ☐ Yes
- ☒ No

Musculoskeletal Problems (Spinal Stenosis, Rheumatoid Arthritis, Gout, Osteoporosis, Others)

- ☒ Yes
- ☐ No

Diagnoses

- ☐ Collagen (Connective) Tissue Disease
- ☐ Degenerative Disc Disease
- ☐ Extremity Fracture (other than Hip)
- ☐ Gout
- ☐ Hallux Valgus
- ☐ Hammer Toes

- ☐ Onychomycosis

☐ Osteomyelitis

☐ Pyogenic Arthritis

☐ Spinal Stenosis

☐ Tinea Pedis

Other

Describe

☐ Active

Supported by

☐ History

☐ Medications

☐ Biopsy

Other

☒ Osteoarthritis

☐ Osteoporosis

☐ Rheumatoid Arthritis

☐ Systemic Lupus Erythematosus

☒ Other

☒ History of

☐ Rule out

☐ Symptoms

☐ Test results

☐ DME

☒ Physical Findings

☐ Image studies

☐ Other

comments

History of being hit by car. Multiple leg fractures with placement of plates and screws. Has wide based gait, but stable. Brother states that he will sometimes trip

History / Finding of non- extremity Fracture

- ☐ Yes
- ☒ No

History / Finding of Hip Fracture / Dislocation

- ☐ Yes
- ☒ No

History / Finding of Vertebral Fracture

- ☐ Yes
- ☒ No

Do you have any swelling of your joints?

- ☐ Yes
- ☒ No

Do you experience stiffness in the morning or during the day?

- ☐ Yes
- ☒ No

Do you have pain in your joints?

- ☐ Yes
- ☒ No

Do you have a problem straightening any joints?

- ☐ Yes
- ☒ No

Does pain and or swelling in your joints limit your activities?

- ☐ Yes
- ☒ No

Have you broken bones(fractures) in any parts of your body?

- ☒ Yes
- ☐ No

comments

Traumatic fracture of legs and ribs after being hit by car

Do you have constant pain in your bones?

- ☐ Yes
- ☒ No

Have you had an amputation?

- ☐ Yes
- ☒ No

Integument Problems (Eczema, Psoriasis, Dermatitis, Urticaria, Other)

- ☐ Yes
- ☒ No

Endocrine Problems

- ☐ Yes
- ☒ No

Have you lost weight in the past 6 months?

- ☒ None

☐ 5lbs

☐ 10lbs

☐ 15lbs

☐ More than 15lbs

☐ 10% of your weight

(calculated by assessor)

Hematology / Immunology / Infection Disease Problems (Anemia, easy bruising or abnormal bleeding Thrombocytopenia , Other)

☒ Yes ☐ No

Diagnoses

- ☐ AIDS
☐ C. Difficile

☐ HIV
☐ Hospital Acquired MRSA Infection
☐ Leukemia
☐ Multiple Myeloma
☐ Sickle Cell Disease
☐ Thalassemia
☐ Tuberculosis
- ☐ Anemia
☐ Community Acquired MRSA Infection
☐ Herpes Zoster
☐ Immune Deficiency
☐ Lymphoma
☐ Sepsis
☐ Sickle Cell Trait
☐ Thrombocytopenia
☐ Vitamin D Deficiency

☒ Other

Other

Describe

☒ Active ☐ History of ☐ Rule out

Supported by

☐ History
☐ Medications
☐ Biopsy

☐ Symptoms
☐ Test results
☐ DME

☒ Physical Findings
☐ Image studies
☐ Other

Other

comments Von Willebrand disease

Easy bruising or abnormal bleeding

☒ Yes ☐ No

Long term anticoagulation use

☐ Yes ☒ No

Cancer

Diagnosis of Cancer	Yes	No
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Pain

Does the patient experience pain?

☐ Yes ☒ No

Vital Signs

Vital Signs

Blood Pressure		Pulse	Respiratory Rate	Temp	Pulse Oximetry	Pain Scale /10
144 (mmHG)	76 (mmHG)	57 (bpm)	16	97.2	97	0

BMI

Patients Height		Patients Weight	Calculate BMI
5 (Feet)	5 (Inch)	150 (lbs)	25.0

- ☐ Obesity (BMI 30 – 34.9)
 ☐ Moderate Obesity (BMI 35 – 39.9)
 ☐ Morbid Obesity (BMI = or > 40)

☐ Malnutrition (BMI < 18.5)

Exam Review

Constitutional

General appearance:	Normal	Abnormal
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Head and Face

Examination of head and face:	Normal	Abnormal
Palpation of the face and sinuses:	Normal	Abnormal

Eyes

Inspection of conjunctiva and lids:	Normal	Abnormal
Examination of pupils and irises:	Normal	Abnormal

Comment: Would not open eyes for clear assessment

Ears, Nose, Mouth and Throat

External Inspection of ears and nose:	Normal	Abnormal
Otoscopic examination:	Normal	Abnormal

Comment: large amount soft cerumen both canals

Assessment of hearing:	Normal	Abnormal
Inspection of nasal mucosa, septum and trubينات:	Normal	Abnormal
Inspection of lips, teeth and gums:	Normal	Abnormal

Comment: Appearance of caries at roots of multiple teeth

Examination of oropharynx:	Normal	Abnormal
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Neck

Examination of neck:	Normal	Abnormal
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Examination of thyroid:	Normal	Abnormal
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Pulmonary

Assessment of respiratory effort:	Normal	Abnormal
Percussion of chest:	Normal	Abnormal
Palpation of chest:	Normal	Abnormal
Auscultation of lungs:	Normal	Abnormal

Cardiovascular

Palpation of heart:	Normal	Abnormal
Auscultation of heart:	Normal	Abnormal
Carotid Arteries:	Normal	Abnormal
Abdominal Aorta:	Normal	Abnormal
Pedal Pulses:	Normal	Abnormal
Examination of Arterial Pulses:	Normal	Abnormal
Examination of Edema / Varicosities:	Normal	Abnormal

Lymphatic

Palpation of cervical nodes (neck)	Normal	Abnormal
Palpation of preauricular nodes (in front of the ears)	Normal	Abnormal
Palpation of Submandibular nodes (under jaw line/chin)	Normal	Abnormal

Musculoskeletal

Examination of gait and station:	Normal	Abnormal
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Comment: Mildly abnormal gait due to previous plates placed in legs following MVA

Inspection/palpation of digits and nails:	Normal	Abnormal
Inspection/palpation of joints, bones and muscles:	Normal	Abnormal
Assessment of range of motion:	Normal	Abnormal
Assessment of stability:	Normal	Abnormal
Assessment of muscle strength/tone:	Normal	Abnormal

Skin

Inspection of skin and subcutaneous tissue:	Normal	Abnormal
Palpation of skin and subcutaneous tissue:	Normal	Abnormal

Neurologic

Indicate specific cranial nerve tested

None tested due to lack of understanding of test

Indicate cranial nerve deficits found

Romberg Test	Normal	Abnormal
Comment: Not assessed as did not understand instructions		
Examination of reflexes:	Normal	Abnormal
Comment: Would not fully co-operate for testing		
Examination of sensation:	Normal	Abnormal
Comment: Would not fully co-operate for testing		
Coordination:	Normal	Abnormal
Comment: Did not understand instructions. Was observed feeding self without issue, walking about home and approaching family without issue		

Diabetes

Foot Exam:	Normal	Abnormal
Comment: Declined to remove socks		

Psychiatric

Description of patient's judgement / insight:	Normal	Abnormal
Comment: Unable to assess		
Orientation of person, place and time:	Normal	Abnormal
Comment: Unable to assess		
Recent and remote memory:	Normal	Abnormal
Comment: Unable to assess		
Mood and affect:	Normal	Abnormal

Screenings Needed

Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No	Select			Select				
HBA1C	No	Select			Select				
MICROALBUMIN	No	Select			Select				
FOBT	No	Select			Select				
DEXA	N/A	Select			Select				
PAD	No	Select			Select				
LDL	No	Select			Select				

Mini-Cog

39. Mini- Cog (see attached sheet)

comments Not tested d/t inability to understand instructions

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies. 1-3 For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test.

Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version : --

Person's Answers: --

Word Recall :	-- Points	1 point for each word spontaneously recalled without cueing. Home Safety Yes
Clock Draw :	-- Points	Normal clock = 2 points. A normal clock has all numbers placed in the correct positions) with no missing or duplicate numbers. Hands are pointing to the 11 sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor Inability or refusal to draw a clock (abnormal) = 0 points. and 2 (11:10). Hand length is not scored.
Total Score :	-- Points	Total score = Word Recall score + Clock Draw score. A cut point of < 3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of < 4 is recommended as it may indicate a need for further evaluation of cognitive status.

Home Safety & Personal Goals

40. In the past year how many times have you Fallen?

- ☒ None
 ☐ Once
 ☐ Twice
 ☐ Three times
 ☐ More than three times

comments No major falls, will occasionally trip d/t previous leg surgery

41. Home Safety

a. Do you have obstacles in the house, loose small rugs or objects on the floor that could cause tripping?	Yes	No
b. Do you have electrical cords running across floors, in doorways or under a rugs?	Yes	No

c. Do you have no slip mats on the shower floor or bath tub?	Yes	No
d. Do have adequate lighting in hallways and on the stairs?	Yes	No
e. Do you have handrails on staircases?	Yes	No
f. Is your hot water heater set for a maximum of 120 degrees?	Yes	No
g. Do you have smoke detectors on each level of the house and in all sleeping a rooms?	Yes	No
h. Do you have carbon Monoxide detectors on each level of the house?	Yes	No
i. Have used established an escape route in the event of fire?	Yes	No

42. Are there things about yourself you wish you could change or improve?

Did not answer

43. Is there anything that you could do to improve your quality of life?

Did not answer

44. Have you ever physically or felt emotionally abused by someone

☐ Yes ☐ No

comments

Unable to assess

45. Feeling like harming others or yourself

☐ Yes ☐ No

comments

Unable to assess

46. Are you afraid of anyone or is anyone hurting you?

☐ Yes ☐ No

comments

Unable to assess


Patient Summary

Assessors Comments :

Mr. Halsey is a pleasant 39 yo male with intellectual disabilities. He has relocated to Roanoke and is currently living with his brother and sister-in-law (Justin and Girlie Halsey) who are his physical guardians. His mother Millie Allmond is still his POA and legal guardian. His brother and sister-in-law were present for the visit and provided all medical information as Mr. Halsey did not appear to understand the questions. He appeared to be happy, was pleasant and co-operative throughout the visit. He was unable to complete many of the tasks as he did not focus on the instructions and did not appear to understand. He is clean and appears well cared for by his family. There is a toddler in the house who was very protective of Mr. Halsey and he seems quite taken with her. His brother and sister-in-law state that they are having difficulty finding a PCP and dentist for Mr. Halsey and would appreciate any assistance available for this task.

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 :	2021-07-27T16:47
Time exam finished	2021-07-27T17:46
I accept the Disclosure Statement	<input checked="" type="checkbox"/>
Provider Signature	 <div>Digitally signed by Maribeth Capuno, NP 2021-07-27, 19:47</div>
Addendum	

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?