

HRA Form

Health Plan :	Optima Health
Member Name :	PATRICK M JONES
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1980-04-10
Evaluation Date :	2021-7-22 11:00 AM
Visit Type :	

Demographics

Plan	OHP - OPTIMA
Program	MEDICARE
LOB	DSNP
Name	PATRICK M JONES
Gender	Male
Address	1056 WILD BRIAR PL CHERYL JONES
City	FOREST
State	VA
Zip	24551-9998
Date of Birth	1980-04-10
Age(as of date)	41
Marital Status	Single
Member Identification Number	900040245*01
HICN	
Phone Number	434/525-1505
Cell Number	434/525-1505,
Alternate Contact Number	434/525-1505,
Email	
Emergency Contact	Cheryl Jones
Phone Number	4346608275
Primary Care Physician	Danielle S. Lewis
Phone Number	
PCP Address	125 Nationwide Dr
PCP City	Lynchburg
PCP State	VA

PCP Zip	24502
PCP County	
Office ID	
Office Name	Centra Medical group- Nationwide

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

special education until age 22 y/o

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

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

comments

patient is non verbal

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

comments

per mother, patient is non verbal

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

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

Cheryl Jones, Rickey Jones

↳ Relationship

Mother, Father

17. Do you have a Durable Power of Attorney?

☒ Yes ☐ No ☐ Don't Know

↳ Name

Cheryl Jones, Rickey Jones

↳ Relationship

Mother, Father

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
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

↳ How far can you walk

☐ Household only ☐ Less than one block ☐ One block
☐ Two or more blocks ☒ Non-ambulatory

H. Going up or down stairs	No	Need Some Help	Need Total Help
----------------------------	----	----------------	-----------------

↳ How many stairs can you climb

☒ None ☐ Three to five ☐ Six to ten
☐ More than ten

Medical History

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

☐ None

☐ Cane

☒ Wheel Chair

☐ Bed Pan

☐ Walker

☐ Bedside Commode

☒ Other

☐ Prosthesis

☐ Urinal

[Describe](#)

Barrier free lift

21. Are you currently seeing any specialists?

☒ Yes

☐ No

Medical Specialty	Specialist	For
Pulmonologist	Dr. Micheal Milam	Chronic lung disease
Neurologist	Dr. Nathan Fountain	Seizures

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](#)

10/2014 hyponatremia

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

Comment: case manager

Pharmacist	Yes	No
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	HTN, DM2	alive
Mother	rheumatoid arthritis	alive

Preventive Care

27. In the past three years have you had?

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	No
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

28. Last colonoscopy if more than 2 years ago

☐ 3 – 5 years ago

☐ 6 – 10 years ago

☐ > 10 years ago

☒ Never

☐ Don't know

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

33. Have you been vaccinated for Pneumonia?

☒ Yes
 ☐ No

↳ Pneumovax

☐ Yes
 ☐ No
 ☒ Unknown

↳ Prevenar

☐ Yes
 ☐ No
 ☒ Unknown

34. Have you been vaccinated for Herpes Zoster?

☐ Yes
 ☒ No

Allergies / Medications

35. Allergies

☒ Yes
 ☐ No

Substance	Reaction
rocephin	facial swelling
Avelox	SOB, hives, rash

Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status	
peripheral edema	FUROSEMID E	TAB 20MG	PO = By Mouth	QAM	Lewis	Taking	Not Taking
chronic constipation	LINZESS	CAP 290MCG	PO = By Mouth	QD	Lewis	Taking	Not Taking
Hypothyroidism	LEVOTHYROXIN	TAB 150MCG	PO = By Mouth	QAM	Lewis	Taking	Not Taking
Pneumonia precautions	AZITHROMYCIN	TAB 250MG	PO = By Mouth	Select	Mialam	Taking	Not Taking
seizures	ZONISAMIDE	CAP 100MG	PO = By Mouth	BID	Fountain	Taking	Not Taking
seizures	DIVALPROEX	TAB 750MG DR	PO = By Mouth	TID	Fountain	Taking	Not Taking
seizures	CLONAZEPAM	TAB 0.5MG	PO = By Mouth	PRN	Fountain	Taking	Not Taking
vitamin d deficiency	VITAMIN D	CAP 1000UNIT	PO = By Mouth	QD	Lewis	Taking	Not Taking
seizures	FYCOMPA	TAB 6MG	PO = By Mouth	QPM	Fountain	Taking	Not Taking
seizures	PHENOBARB	TAB 64.8MG	PO = By	QPM	Fountain	Taking	Not Taking

			Mouth				
chronic lung disease	ALBUTEROL	NEB 0.63MG/3	PO = By Mouth	PRN	Lewis	Taking	Not Taking
skin breakdown/ rash	MUPIROCIN	OIN 0.02	T = Topical	PRN	Lewis	Taking	Not Taking
electrolyte balance	MAGNESIUM	TAB 500MG	PO = By Mouth	BID	Lewis	Taking	Not Taking
Chronic constipation	SENNA	TAB 8.6MG	PO = By Mouth	BID	Lewis	Taking	Not Taking
chest congestion/ pneumonia precaution	MUCINEX	TAB 1200MG ER	PO = By Mouth	BID	Lewis	Taking	Not Taking

36. Over the Counter Medications / Supplements

☒ Yes

☐ No

Date	Description	Dose/Units	Route	Frequency
07-22-2021	multivitamin		PO = By Mouth	daily
07-22-2021	tylenolol	500mg	PO = By Mouth	prn for fever or pain
07-22-2021	pepcid	10mg	PO = By Mouth	prn for acid reflux
07-22-2021	milk of magneisa	1-4tbsp	PO = By Mouth	prn for constipation

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
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

Diagnoses

- ☐ Cataracts
- ☐ Glaucoma
- ☐
- ☒ Difficulty with vision
- ☐ Hyperopia
- ☐

Macular Degeneration
☐ Retinal Disease
 Myopia
☐ Others

Difficulty with vision

↳ Describe

☒ Active

☐ History of

☐ Rule out

comments

bilateral eyes

↳ Legally Blind

☒ Yes

☐ No

Do you wear glasses or contacts?

☐ Yes

☒ No

Do you have problems seeing at night?

☒ Yes

☐ No

Do you have eye pain?

☐ Yes

☒ No

Do you have problems with tearing?

☐ Yes

☒ No

Do you have a problem with dry eye?

☒ 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

☐ Nose Bleeds

☒ Sinus Infections

☐ Other

Sinus Infections

↳ Describe

☐ Active

☒ History Of

☐ Rule out

↳ Supported by

☒ History

☐ Symptoms

☐ Physical Findings

☐ Medications

☐ Test results

☐ Image studies

☐ Biopsy

☐ DME

☐ Other

↳ Exudate

☐ Clear

☒ Purulent

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

☒ Yes

☐ No

↳ Diagnoses

☐ Bleeding Gums

☒ Difficulty Chewing

☒ Difficulty Swallowing

☐ Other

Difficulty Chewing

↳ Describe

☒ Active

☐ History of

☐ Rule out

↳ Because of pain

☐ Yes

☒ No

Difficulty Swallowing

- Describe

☒ Active

☐ History of

☐ Rule out
- Have you had a stroke

☐ Yes

☒ No

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

☐ Hypoventilation secondary to Obesity

☒ Pneumonia

☐ Respirator Dependence/ Tracheostomy Status

☐ Sarcoidosis

☒ Other

☐ Acute Upper Respiratory Infection

☐ Chronic Pulmonary Embolism

☒ Chronic Sputum Production

☐ Cystic Fibrosis

☐ Hypoxemia

☐ Pulmonary Fibrosis

☐ Respiratory Arrest

☒ Sleep Apnea
- Chronic Respiratory Failure

Describe

☐ Active

☒ History of

☐ Rule out

Supported by

☒ History of hospitalization with Respiratory Failure

☒ Use of ventilator

☐ Chronic use of O2 at >2L/min☐ CO2 Retention

☐ Other
- Chronic Sputum Production

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ History

☒ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☐ Physical Findings

☐ Image studies

☐ Other

comments

azithromycin, mucinex

Pneumonia

- Describe

☐ Active

☒ History of

☐ Rule Out
- Supported by

☒ Hospitalization

☐ Lab studies

☐ Physical findings

☐ Other

☐ Image studies
- Etiology

☐ Viral

☐ Pneumococcal

☐ Staph

☐ Other Bacterial

☐ Aspiration

comments

bacterial

↳ History / finding of Lung abscess

☐ Yes

☒ No

↳ History / finding of Empyema

☐ Yes

☒ No

Sleep Apnea

↳ Describe

☒ Active

☐ History of

☐ Rule out

↳ Supported by

☐ Use of CPAP

☐ Positive sleep studies

☐ History of sleepiness during the day

☐ Heavy snoring / restlessness during sleep

☒ Other

Other

↳ Describe

comments

non invasive ventilator at bedtime/during sleeping

Other

↳ Describe

☒ Active

☐ History of

☐ Rule out

↳ Supported by

☐ History

☒ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☐ Physical Findings

☐ Image studies

☐ Other

comments

albuterol neb as needed, oxygen

comments

chronic lung disease

Use of Oxygen

☒ Yes

☐ No

↳ Describe

☒ PRN

☐ Continuous

☐ Day

☐ Night

↳ Litres / Min

2.5L-4L/min

Shortness of breath

☐ Yes

☒ No

Wheezing

☐ Yes

☒ No

Chronic Cough

☐ Yes

☒ No

Patient requires durable medical equipment

☒ Yes

☐ No

comments

oxygen as needed, haven't had to use it over past 2 years

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

Infarction, Other)

☒ Yes

☐ No

Diagnoses

- ☒ **Abnormal Cardiac Rhythm**
- ☐ Aneurysm
- ☐ Angina
- ☐ Atrial Fibrillation
- ☐ Cardio – Respiratory Failure / Shock
- ☐ Cardiomyopathy
- ☐ Congestive Heart Failure
- ☐ Deep Vein Thrombosis
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Ischemic Heart Disease (CAD)
- ☐ Myocardial Infarction
- ☐ Peripheral Vascular Disease
- ☐ Pulmonary Hypertension
- ☐ Valvular Disease
- ☒ **Other**

Abnormal Cardiac Rhythm

Describe

- ☒ **Active**
- ☐ History of
- ☐ Rule out
- ☐ Supported by
- ☐ ECG
- ☐ Use of rate controlling drug
- ☐ Use of anticoagulation
- ☐ Electrophysiology procedure / cardioversion
- ☒ **Other**

Other

Describe

comments heart monitor to evaluate, no intervention

Describe

- ☒ **Bradycardia**
- ☐ Tachycardia
- ☐ Regularly irregular
- ☐ Irregularly Irregular
- ☐ Premature contractures

comments while sleeping

Other

Describe

- ☒ **Active**
- ☐ History of
- ☐ Rule out

Supported by

- ☐ History
- ☒ **Symptoms**
- ☐ Physical Findings
- ☒ **Medications**
- ☐ Test results
- ☐ Image studies
- ☐ Biopsy
- ☐ DME
- ☐ Other

comments furosemide, magenisum

Other

comments peripheral edema

History of Chest Pain

☐ Yes

☒ No

History of Intermittent Claudication

☐ Yes

☒ No

Implanted Pacemaker

☐ Yes

☒ No

Implanted Defibrillator

☐ Yes

☒ No

Do you have abnormal heart beats?

☒ Yes

☐ No

comments

while sleeping bradycardia

Does your heart race?

☐ Yes

☒ No

Do you sleep on more then one pillow?

☐ Yes

☒ No

have you ever have fluid in your lungs?

☒ Yes

☐ No

Do your legs or ankles swell up?

☒ Yes

☐ No

Do you follow a special diet?

☐ Yes

☒ No

Do you have headaches?

☐ Yes

☒ No

Do you feel light headed when you stand up?

☐ Yes

☒ No

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

☒ Yes

☐ No

Diagnoses

- ☐ Bowel Obstruction

☐ Celiac Disease

☐ Colon Polyps

☐ Gall Bladder Disease

☒ GERD

☐ Inflammatory Bowel Disease

☐ Ulcer Disease
- ☐ Cachexia

☐ Cirrhosis

☐ Diverticulitis

☐ Gastroparesis

☐ Hepatitis

☐ Pancreatitis

☒ Other

GERD

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ Heartburn / Dyspepsia

☐ Regurgitation

☒ Medications

☐ Other

comments

pepcid prn

Other

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ History

☒ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☐ Physical Findings

☐ Image studies

☐ Other

comments

linzess, milk of magnesia, senna

Other

comments

chronic constipation

History of blood in stool

☐ Yes ☒ No
 History of black stools
☐ Yes ☒ No
 History of Heartburn / Dyspepsia
☒ Yes ☐ No
 ↳ Describe
 ☒ Occasionally ☐ Chronic

History of Vomiting or Regurgitation
☐ Yes ☒ No
 History of pain after eating
☐ Yes ☒ No
 History of Jaundice
☐ Yes ☒ No
 Do you follow a special diet?
☐ Yes ☒ No
 Do you have frequent abnormal abdominal pain?
☐ Yes ☒ No
 Do you have intermittent nausea or vomiting?
☐ Yes ☒ No
 Do you have trouble with constipation?
☒ Yes ☐ No
 Does diarrhea limit your ability to get out of the room or socially?
☐ Yes ☒ No
 Do you see blood in your urine?
☐ Yes ☒ No
 Do you have Frequent Stomach Pain
☐ Yes ☒ No

Bowel Movements

☐ Normal ☒ Abnormal
 ↳ If abnormal
 ☐ Constipation ☐ Diarrhea ☒ Bowel Incontinence

comments

and chronic constipation

Abdominal Openings

☐ Yes ☒ No

Rectal Problems

☐ Yes ☒ No

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

Cerebral Palsy

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ Physical exam

☒ History

☐ Laboratory testing

☐ Other

Intellectual and or Developmental Disability

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☒ History

☐ Symptoms

☐ Physical Findings

☐ Medications

☐ Test results

☐ Image studies

☐ Biopsy

☐ DME

☐ Other

Describe

☐ Down's Syndrome

☐ Psychomotor Retardation

☒ Other

Other

Describe

comments

dandy walker syndrome

Seizure Disorder

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☐ History of recurrent seizures

☒ Medications

☐ Laboratory testing

☐ Other

comments

zonisamide, divalproex, clonazepam, fycompa, phenobarbitol

Other

Describe

☐ Active

☒ History of

☐ Rule out

Supported by

☒ History

☐ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☐ Physical Findings

☐ Image studies

☐ Other

Other

comments

Hydrocephalus s/p Cystoperitoneal shunt

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

☐ Yes

☐ No

comments

patient is non verbal

Do you worry too much about different things?

☐ Yes

☐ No

comments

patient is non verbal

Do you feel afraid that something bad might happen?

☐ Yes

☐ No

comments

patient is non verbal

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

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

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

comments

patient is non verbal

Do you have highs and lows

☐ Yes

☐ No

comments

patient is non verbal

Do you ever feel like someone is out to get you

☐ Yes

☐ No

comments

patient is non verbal

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

patient is non verbal, per mother he is able to identify the family members and relatives and react by signs

 Patient oriented to place

☐ Yes

☐ No

comments

patient is non verbal

 Patient oriented to time

☐ Yes

☐ No

comments

patient is non verbal

 Recall

☐ Good

☐ Poor

comments

patient is non verbal

 Patient describes recent news event

☐ Yes

☐ Partially

☐ No

comments

patient is non verbal

Affect

☒ Normal

☐ Abnormal

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
<div>comments</div> <div>patient is non verbal</div>				

☒ **Yes**
☐ **No**

Diagnoses

- ☐ Acute Renal Failure
- ☐ Chronic Kidney Disease
- ☐ Erectile Dysfunction
- ☐ Kidney Stones

☒ **Urinary Incontinence**

Urinary Incontinence

Describe

☒ **Active**

Supported by

☒ **History**

- ☐ Medications
- ☐ Biopsy

Related to stress

☐ Yes

Describe

☒ **Daily**

- ☐ BPH
- ☐ ESRD
- ☐ Frequent UTI
- ☐ Nephritis or Nephrosis
- ☐ Other

☐ History of

☐ Rule out

- ☐ Symptoms
- ☐ Test results
- ☐ DME

- ☐ Physical Findings
- ☐ Image studies
- ☐ Other

☒ **No**
☐ Few times a week

☐ Less than once a week

History of frequency

☐ Yes

☒ **No**

History of Nocturia

☐ Yes

☒ **No**

History of Hesitancy

☐ Yes

☒ **No**

Do you have trouble urinating?

☐ Yes

☒ **No**

Do you ever have blood in your urine?

☐ Yes

☒ **No**

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

Do you have trouble holding your urine?

☒ **Yes**
☐ No

Do you trouble getting to the bathroom on time?

☒ **Yes**
☐ No

Do you ever have pain or burning during urination?

☐ Yes

☒ **No**

Do you ever wear pads or diapers?

☒ **Yes**
☐ No

Do you have a vaginal discharge?

☐ Yes

☐ No

comments

N/A

Do you have vaginal bleeding?

☐ Yes

☐ No

comments

N/A

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

☒ Yes

☐ No

Diagnoses

- | | |
|---|---|
| <input type="checkbox"/> Collagen (Connective) Tissue Disease | <input type="checkbox"/> Degenerative Disc Disease |
| <input type="checkbox"/> Extremity Fracture (other than Hip) | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Hallux Valgus | <input type="checkbox"/> Hammer Toes |
| <input type="checkbox"/> Onychomycosis | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Pyogenic Arthritis | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Spinal Stenosis | <input type="checkbox"/> Systemic Lupus Erythematosus |
| <input type="checkbox"/> Tinea Pedis | <input checked="" type="checkbox"/> Other |

Other

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☒ History

☐ Symptoms

☒ Physical Findings

☐ Medications

☐ Test results

☐ Image studies

☐ Biopsy

☐ DME

☐ Other

Other

comments

scoliosis s/p spinal fusion surgery
contractures- bilateral elbows, bilateral hands

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

comments

patient is non verbal

Do you have pain in your joints?

☐ Yes

☐ No

comments

patient is non verbal

Do you have a problem straightening any joints?

☒ Yes

☐ No

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

☐ Yes

☐ No

comments

patient is non verbal

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

☐ Yes

☒ No

Do you have constant pain in your bones?

☐ Yes

☐ No

comments

patient is non verbal

Have you had an amputation?

☐ Yes ☐ No

comments

patient is non verbal

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

☒ Yes ☐ No

Diagnoses

- | | |
|--|---|
| <input type="checkbox"/> Basil Cell Carcinoma | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Psoriasis |
| <input checked="" type="checkbox"/> Skin ulcer | <input type="checkbox"/> Urticarial Disease |
| <input type="checkbox"/> Wound | <input type="checkbox"/> Other |

Skin ulcer

Describe

☐ Active

☒ History of

☐ Rule out

Supported by

☐ History

☐ Symptoms

☐ Physical Findings

☒ Medications

☐ Test results

☐ Image studies

☐ Biopsy

☐ DME

☐ Other

comments

muciprion prn

Etiology

☐ Pressure

☐ Venous Stasis

☐ Peripheral Vascular Disease

☐ Disease Induced

☐ Diabetic Vasculitis

☐ Diabetic Neuropathy

comments

chronic conditions/wheelchair bound

Do you have ulcers or wounds that require dressings?

☐ Yes ☒ No

Do you have a chronic skin condition?

☐ Yes ☒ No

Does your skin problem require the use of chronic medication, cream or ointment?

☒ Yes ☐ No

comments

as needed only, not actively

Do you get pains in your legs when you walk that make you stop to get relief?

☐ Yes ☐ No

comments

patient is non verbal

Do you have skin breakdown or ulcers around your ankles?

☐ Yes ☒ No

Endocrine Problems

☒ Yes ☐ No

Diagnoses

- | | |
|---|--|
| <input type="checkbox"/> Chronic Kidney Disease secondary to Diabetes | <input type="checkbox"/> Coronary Artery Disease and Diabetes |
| <input type="checkbox"/> Cushing's Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Secondary Hyperparathyroidism |
| <input type="checkbox"/> Hypertension and Diabetes | <input type="checkbox"/> Hyperthyroidism |
| <input checked="" type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Kidney Stone |
| <input type="checkbox"/> Peripheral Neuropathy secondary to Diabetes | <input type="checkbox"/> Peripheral Vascular Disease secondary to Diabetes |

☐ Hyperparathyroidism
Hypothyroidism

☐ Other

☐ Describe

☒ **Active**

☐ History of

☐ Rule out

☐ Supported by

☐ Weight gain

☐ Fatigue

☐ Hair changes

☐ Depression

☒ **Treatment for hypothyroidism**

☐ Lab data

☐ Other

comments

levothyroxine

Do you periodically experience shakiness, lightheadedness, sweating, confusion, or blurred vision?

☐ Yes

☐ No

comments

patient is non verbal

Do you often feel thirsty?

☐ Yes

☐ No

comments

patient is non verbal

Do you have numbness or burning in your legs or feet?

☐ Yes

☐ No

comments

patient is non verbal

Do you get pains in your leg or feet when you walk?

☐ Yes

☐ No

comments

patient is non verbal

Do you get ulcers on your legs or feet?

☐ Yes

☐ No

comments

patient is non verbal

Do you feel sluggish?

☐ Yes

☐ No

comments

patient is non verbal

Do you sweat a lot or constantly feel hot?

☐ Yes

☐ No

comments

patient is non verbal

Have you been told your kidneys are not working right, failing or shutting down?

☐ Yes

☐ No

comments

patient is non verbal

Have you ever had dialysis?

☐ Yes

☐ No

comments

patient is non verbal

Is your skin itchy?

☐ Yes

☐ No

comments

patient is non verbal

Do you test your blood sugar?

☐ 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
☐ Other
- ☐ Anemia
☐ Community Acquired MRSA Infection
☐ Herpes Zoster
☐ Immune Deficiency
☐ Lymphoma
☐ Sepsis
☐ Sickle Cell Trait
☐ Thrombocytopenia
☒ **Vitamin D Deficiency**

Vitamin D Deficiency

Describe

☒ **Active** ☐ History of ☐ Rule out

Supported by

☐ Labs ☒ **Medications** ☐ History
☐ Other

comments

Easy bruising or abnormal bleeding

☐ Yes ☒ **No**

Long term anticoagulation use

☐ Yes ☒ **No**

Cancer

Diagnosis of Cancer	Yes	No
---------------------	-----	----

Pain

Does the patient experience pain?

☐ Yes ☒ **No**

comments

Vital Signs

Vital Signs

comments

Blood Pressure		Pulse	Respiratory Rate	Temp	Pulse Oximetry	Pain Scale /10
(mmHG)	(mmHG)	63 (bpm)			96	0

BMI

Patients Height		Patients Weight	Calculate BMI
5 (Feet)	4 (Inch)	125 (lbs)	21.5

- ☐ 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
Comment: patient is asleep		

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
Comment: unable to inspect, patient asleep		
Examination of pupils and irises:	Normal	Abnormal
Comment: unable to inspect, patient asleep		

Ears, Nose, Mouth and Throat

External Inspection of ears and nose:	Normal	Abnormal
Otoscopic examination:	Normal	Abnormal
Assessment of hearing:	Normal	Abnormal
Inspection of nasal mucosa, septum and trubينات:	Normal	Abnormal
Inspection of lips, teeth and gums:	Normal	Abnormal
Comment: missing teeth, cleft palate noted in the mouth		
Examination of oropharynx:	Normal	Abnormal

Neck

Examination of neck:	Normal	Abnormal
Comment: obese		

Examination of thyroid:	Normal	Abnormal
-------------------------	--------	----------

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

Comment: severe swelling of bilateral feet noted, moderate swelling of the bilateral lower legs noted

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
Comment: wheelchair bounded		

Inspection/palpation of digits and nails:	Normal	Abnormal
Inspection/palpation of joints, bones and muscles:	Normal	Abnormal

Comment: bilateral hands/elbows contractures

Assessment of range of motion:	Normal	Abnormal
Comment: unable to assess, patient is asleep		

Assessment of stability:	Normal	Abnormal
Comment: wheelchair bounded		

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

unable to assess cranial nerves as this is a virtual visit

Indicate cranial nerve deficits found

Romberg Test	Normal	Abnormal
Examination of reflexes:	Normal	Abnormal
Examination of sensation:	Normal	Abnormal
Coordination:	Normal	Abnormal

Comment: patient is asleep and unable to follow directions

Diabetes

Foot Exam:	Normal	Abnormal
------------	--------	----------

Comment: N/A

Psychiatric

Description of patient's judgement / insight:	Normal	Abnormal
---	--------	----------

Comment: patient is non verbal

Orientation of person, place and time:	Normal	Abnormal
--	--------	----------

Comment: patient is not oriented

Recent and remote memory:	Normal	Abnormal
---------------------------	--------	----------

Comment: patient is non verbal and unable to recall memory

Mood and affect:	Normal	Abnormal
------------------	--------	----------

Screenings Needed

Screening Name	Member Eligible	Status	Barcode	Confirm Barcode	Screening Completed	Exam Date	Screening Result	Diagnoses	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

Patient is non verbal and unable to follow directions therefore unable to perform the mini cog exam

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

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	Yes	No

or under a rugs?		
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?
patient is non verbal

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

44. Have you ever physically or felt emotionally abused by someone
☐ Yes ☐ No

comments

patient is non verbal

45. Feeling like harming others or yourself
☐ Yes ☐ No

comments

patient is non verbal

46. Are you afraid of anyone or is anyone hurting you?
☐ Yes ☐ No

comments

patient is non verbal


Patient Summary

Assessors Comments :

Patrick is a 41 y/o male who is wheel chair bounded and non verbal. He has cerebral palsy and dandy walker syndrome. Member id is verified via name, date of birth, and home address by mother Cheryl. Cheryl and Rickey are the guardians and POA for the patient. This is a virtual visit with video and audio call therefore parts of the assessment and vital signs are not obtainable. He lives with his parents and is total dependent for his ADLs. He uses signs like clapping to communicate certain things otherwise he is non verbal. Otherwise no complaints. He is stable and alert with some instances of him falling asleep during the visit. Cheryl assisted patient during this virtual visit and answered most of the questions related to Patrick as she is the caregiver as well.

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 :	2021-07-22T11:00
Time exam finished	2021-07-22T12:30
I accept the Disclosure Statement	<input checked="" type="checkbox"/>
Consented to Video chat	<input checked="" type="checkbox"/>
Provider Signature	 Digitally signed by Bhavita Patel, AGNP 2021-07-26, 11:12
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?