

HRA Form

Health Plan :	Optima Health
Member Name :	PHUONG H NGUYEN
Evaluator Name :	
Assessment Type :	Health Risk Assessment
DOB :	1952-08-04
Evaluation Date :	2022-9-28 10:30 AM
Visit Type :	In Person

Demographics

Plan	OHP
Program	MEDICARE
LOB	DSNP
Name	PHUONG H NGUYEN
Gender	Male
Address	235 BURNETTS WAY
City	SUFFOLK
State	VA
Zip	321456
Date of Birth	1952-08-04
Age(as of date)	70
Marital Status	Married
Member Identification Number	900047200*01
HICN	
Phone Number	
Cell Number	
Alternate Contact Number	
Email	
Emergency Contact	Dung Nguyen - son
Phone Number	
Primary Care Physician	LE, DAU T MD
Phone Number	(567)/678-345
PCP Address	SUITE 104 5444 VIRGINIA BEACH BLVD
PCP City	VIRGINIA BEACH
PCP State	VA

PCP Zip	12
PCP County	
Office ID	
Office Name	DAU T LE MD

1. Race

- ☐ Caucasian
 ☐ African American
 ☐ Asian
- ☐ Latino
 ☐ Native American
 ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaskan Native
 ☒ Other
- ☐ Describe Vietnamese

Patient's Ethnicity

- ☐ Hispanic
 ☐ Non-Hispanic
 ☒ Other Ethnicity
- ☐ Prefer not to say

Preferred language

- ☐ English
 ☒ Other
- ☐ If other,

☐ African languages
 ☐ Arabic
 ☐ Chinese

☐ French
 ☐ French Creole
 ☐ German

☐ Greek
 ☐ Gujarati
 ☐ Hebrew

☐ Hindi
 ☐ Hungarian
 ☐ Italian

☐ Japanese
 ☐ Korean
 ☐ Persian

☐ Polish
 ☐ Portuguese
 ☐ Russian

☐ Scandinavian Languages
 ☐ Serbo-Croatian
 ☐ Spanish

☐ Tagalog
 ☐ Urdu
 ☒ Vietnamese

☐ Yiddish

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

How much school have you completed?

- ☐ Completed less than 3rd grade
 ☐ Completed less than 8th grade
 ☒ **Completed less than 12th grade**
- ☐ Completed 12th grade, or attended College

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

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

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

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

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

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

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

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

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

Where do you currently live?

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

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

- ☒ **Yes**
☐ No

Who do you currently live with?

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

Are you currently a caregiver for someone?

- ☐ Yes
 ☒ **No**

Are you currently employed?

☐ Yes

☒ No

comments

retired

Are you interested in employment?

☐ Yes

☒ No

Do you volunteer currently?

☐ Yes

☒ No

Tobacco use

☐ Current

☒ Former

☐ Never

When

☐ Stopped within the last year

☐ Stopped within the last 3 years

☒ Stopped 5 or more years ago

comments

>20 yrs ago

Type

☒ Cigarettes

☐ Cigars

☐ Chewing Tobacco

☐ Vaping

☐ Other

How Many

☐ 1 - 3 a day

☒ 1/2 a pack

☐ 1 pack

☐ More than 1 pack

☐ Other

Alcohol Use

☐ Current

☐ Former

☒ Never

Do you or have you used recreational drugs?

☐ Yes

☒ No

Do you have a Healthcare Proxy?

☐ Yes

☒ No

☐ Don't Know

Do you have a Durable Power of Attorney?

☐ Yes

☒ No

☐ Don't Know

Do you have an Advance Directive?

☐ Yes

☒ No

☐ Don't Know

☒ Member educated on advance care planning

☐ Declines discussion at this time

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

comments

receives SNAP benefits

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

Recommendations

- ☐ Smoking/Tobacco
- ☐ Substance Abuse
- ☒ Durable Power of attorney
- ☒ Healthcare Proxy
- ☒ Advanced Directive
- ☐ Food Disparity
- ☒ Literacy
- ☐ Social support evaluation

Activities of Daily Living

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

Medical History

Do you use any assistive devices or DME?

- ☐ None
 ☐ Cane
 ☒ Walker
 ☐ Prosthesis
- ☐ Oxygen
 ☐ Wheel Chair
 ☐ Bedside Commode
- ☐ Urinal
 ☐ Bed Pan
 ☐ CPAP
- ☐ Other

comments

uses a rollator walker only when walking long distances

Are you currently seeing any specialists?

☐ Yes
 ☒ No

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	None	1	2	3	4	5 or more

overnight						
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

Have you ever been hospitalized prior to the last 12 months?
☐ Yes ☒ No

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

In the past year 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

Family History

☐ Yes ☒ No

comments unknown

Preventive Care

In the past three years have you had?

Screen	Answer	Date	Method	Recommendation	Education Completed
Breast Cancer Screening	Not Applicable			<input type="checkbox"/>	<input type="checkbox"/>
Colorectal	Yes	2022	colonoscopy		

Screening				<input type="checkbox"/>	<input type="checkbox"/>
Influenza Vaccine	No		N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COVID-19 Vaccine	No		N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pneumococcal Vaccine	Don't Know		N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Herpes Zoster Vaccine	Don't Know		N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes Screening	Yes		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Foot Exam	Yes		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol Screening	Yes		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma Screening	Yes		N/A	<input type="checkbox"/>	<input type="checkbox"/>
STIs/HIV Screening	Not Applicable		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer Screening	Not Applicable		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis Screening	Not Applicable			<input type="checkbox"/>	<input type="checkbox"/>
Prostate Screening	Yes		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Fall Risk Screening	Don't Know		N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Yes

☒ No

☐ NA

comments

unknown

Education Provided

☒ Yes

☐ No

☐ NA

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

☐ Yes

☒ No

☐ NA

comments

unknown

Education Provided

☒ Yes

☐ No

☐ NA

Recommendations

- ☒ Abdominal Aneurysm Screening
- ☒ Hepatitis C Screening

Allergies / Medications

35. Allergies

☐ Yes

☒ No

Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status	
t2dm	JANUMET	TAB 50-1000	PO = By Mouth	BID	Dr.Le	Taking	Not Taking
htn	GLIMEPIRID E	TAB 2MG	PO = By Mouth	BID	Dr.Le	Taking	Not Taking
hld	SIMVASTATI N	TAB 10MG	PO = By Mouth	HS	Dr.Le	Taking	Not Taking
diabetic neuropathy	GABAPENTI N	CAP 400MG	PO = By Mouth	BID	Dr.Le	Taking	Not Taking
htn	QUINAPRIL HCL	TAB 20MG	PO = By Mouth	QD	Dr.Le	Taking	Not Taking

36. Over the Counter Medications / Supplements

☒ Yes

☐ No

Date	Description	Dose/Units	Route	Frequency
09-28-2022	aspirin	81 mg	PO = By Mouth	qd

Long Term Use of:

☐ None

☒ ASA

☐ Steroids

☐ Insulin

☐ Anticoagulants

☒ Statins

☐ Biphosphonate

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

Comment: language barrier

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

Recommendations

- ☐ Discuss options with your Doctor and/or pharmacist to improve medication adherence
- ☐ Discuss medication side effects with your Doctor
- ☐ Other
- ☒ Educated on importance of medication compliance, member verbalizes understanding

Review of Systems and Diagnoses

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

☒ Yes

☐ No

Diagnoses

☒ **Cataracts**

☐ Hyperopia

☐ Macular Degeneration

☐ Retinal Disease

☐ Glaucoma

☐ Legally Blind

☐ Myopia

☐ Others

Cataracts

Which Eye

☐ Right Eye

☐ Left Eye

☒ Both

Describe

☐ Active

☒ **History of**

☐ Rule out

Supported by

☒ **History**

☐ Medications

☐ Biopsy

☐ Symptoms

☐ Test results

☐ DME

☒ **Physical Findings**

☐ Image studies

☒ **Other**

Other

Describe

comments

bilateral cataract extraction surgery 2021

Secondary to Diabetes

☐ Yes

☒ No

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

☒ Yes

☐ No

Diagnoses

☒ **Difficulty with Hearing**

☐ Tinnitus

☐ Other

☐ Legally Deaf

☐ Vertigo

Difficulty with Hearing

Describe

☒ **Active**

☐ History of

☐ Rule out

Supported by

☐ History

☐ Hearing aids

☐ Other

☒ **Symptoms**

☐ Medication

☐ Test results

☐ Reading lips

comments

in need of audiology assessment for hearing loss and hearing aids if indicated

Nose Problems (Nose Bleeds, Sinus infections, Other)

☐ Yes

☒ No

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**

comments

d/t dentures

- Other**
 - ☐ Describe
 - ☒ **Active**
 - ☐ History of
 - ☐ Rule out
 - ☐ Supported by
 - ☐ History
 - ☐ Symptoms
 - ☒ **Physical Findings**
 - ☐ Medications
 - ☐ Test results
 - ☐ Image studies
 - ☐ Biopsy
 - ☐ DME
 - ☐ Other
 - ☐ Other

comments

full dentures

Neck Problems (parotid Disease, Carotid Stenosis, Other)

- ☐ Yes
- ☒ **No**

Recommendations

- ☒ **Hearing evaluation**
- ☒ **Dental exam**
- ☐ Eye exam
- ☐ Swallowing evaluation
- ☐ Take medications as prescribed
- ☐ Other

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

- ☐ Yes
- ☒ **No**

Recommendations

- ☐ Take medications as prescribed
- ☐ Other

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

- ☒ **Yes**
- ☐ No

Diagnoses

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Cardiac Rhythm | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Cardio – Respiratory Failure / Shock | <input type="checkbox"/> Cardiomyopathy |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Deep Vein Thrombosis |
| <input checked="" type="checkbox"/> Hyperlipidemia | <input checked="" type="checkbox"/> Hypertension |
| <input type="checkbox"/> Ischemic Heart Disease (CAD) | <input type="checkbox"/> Myocardial Infarction |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Pulmonary Hypertension |
| <input type="checkbox"/> Valvular Disease | <input type="checkbox"/> Other |

Hyperlipidemia

Describe

☒ **Active**

☐ History of

☐ Rule out

Supported by

☐ Lab results

☒ **Medication**

☐ Chest pain

☐ Light headedness

☐ Shortness of breath

☐ Wheezing

☐ Chronic cough

☐ Other

Is patient on Statin

☒ **Yes**

☐ No

Hypertension

Describe

☒ **Active**

☐ History of

☐ Rule out

Supported by

☐ Physical Exam

☒ **Medications**

☐ Symptoms

☐ Chest pain

☐ Light headedness

☐ Shortness of breath

☐ Wheezing

☐ Chronic cough

☐ Other

Adequately controlled

☒ **Yes**

☐ No

☐ UnKnown

Recommendations

☒ **Blood Pressure checks**

☒ **Heart Healthy Diet**

☒ **Exercise 30 min a day**

☐ Take medications as prescribed

☐ Other

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

☐ Yes

☒ **No**

Recommendations

☐ Take medications as prescribed

☐ Other

Bowel Movements

☒ **Normal**

☐ Abnormal

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**

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
- 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
- ☐ Patient oriented to place
☒ Yes ☐ No
- ☐ Patient oriented to time
☒ Yes ☐ No
- ☐ Recall
☒ Good ☐ Poor
- ☐ Patient describes recent news event
☒ Yes ☐ Partially ☐ No

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

PHQ 2 Score

- ☒ < 3 ☐ 3 or more

Speech

- ☒ Normal ☐ Slurred ☐ Aphasic
- ☐ Apraxia

Finger to Nose

- ☒ Normal ☐ Abnormal

Heel (Shin) to Toe

- ☒ Normal ☐ Abnormal

Thumb to Finger Tips

☒ Normal

☐ Abnormal

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

☐ Abductor lurch

☐ Limp

☐ Wide based

☐ Ataxic

☐ Paretic

☐ Shuffling

☐ Other (Findings may also apply to Musculoskeletal diagnoses)

Recommendations

☐ Take medications as prescribed

☐ Other

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

☐ Yes

☒ No

Recommendations

☐ Take medications as prescribed

☐ Other

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

☒ Yes

☐ No

Diagnoses

☐ Collagen (Connective) Tissue Disease

☐ Degenerative Disc Disease

☐ Extremity Fracture

☐ Gout

☐ Hallux Valgus

☐ Hammer Toes

☒ Osteoarthritis

☐ Osteomyelitis

☐ Osteoporosis

☐ Pyogenic Arthritis

☐ Rheumatoid Arthritis

☐ Spinal Stenosis

☐ Systemic Lupus Erythematosus

☐ Other

Osteoarthritis

Describe

☒ Active

☐ History of

☐ Rule out

Supported by

☒ Symptoms

☐ Physical Findings

☐ Image studies

- ☐ Other

Symptoms

Describe

☐ Joint swelling

☒ Joint stiffness

☒ Pain

☒ Limited ROM

Which joints

left knee
- Have you had an amputation?
- ☐ Yes

☒ No

Recommendations

☒ Discuss PT/OT evaluation with PCP

☐ Take medications as prescribed

☐ Other

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

☐ Yes

☒ No

Recommendations

☐ Take medications as prescribed

☐ Other

Endocrine Problems

☒ Yes

☐ No

Diagnoses

☐ Chronic Kidney Disease secondary to Diabetes

☐ Cushing's Disease

☐ Diabetic Retinopathy

☐ Hypertension and Diabetes

☐ Hypothyroidism

☐ Peripheral Vascular Disease secondary to Diabetes

☐ Other

Diabetes

Describe

☒ Active

History of

Rule out

Supported by

☐ Symptoms

☐ Physical findings

☐ Lab tests

☒ Medications

☐ Other

Type

☐ Type 1

☐ Type 1.5

☒ Type 2

Most recent Hb A1C, value

unknown

And Date

2022, exact date unknown

☐ Coronary Artery Disease and Diabetes

☒ Diabetes

☐ Secondary Hyperparathyroidism

☐ Hyperthyroidism

☒ Peripheral Neuropathy secondary to Diabetes

☐ Hyperparathyroidism

- Met with a nurse or dietician for diabetic education

Yes

No
- Met with a diabetic educator

Yes

No
- Do you test your blood sugar

Yes

No

comments

qam, BG today = 133 mg/dL per patient

- Peripheral Neuropathy secondary to Diabetes

Describe

Active

History of

Rule out

Supported by

Physical exam

Medication

Symptoms

Symptoms

Describe

Numbness

Pain

Burning

Decreased sensation to legs or feet

Patient sees Podiatrist

Yes

No

comments

managed by PCP

Recommendations

- Take medications as prescribed

Check Blood sugar

Other

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

- Yes

No

Recommendations

- Take medications as prescribed

Report abnormal bruising or bleeding

Follow up with doctor for lab work

Other

Cancer

Diagnosis of Cancer	Yes	No
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Recommendations

- Take medications as prescribed

Other

Pain

Does the patient experience pain?

- Yes

No

Is the Pain Acute?

☐ Yes ☒ No

Is the Pain Chronic?

☒ Yes ☐ No

Describe

☒ Active

☐ History of

☐ Rule out

Where

left knee

Rate your pain on a scale of 1-10, with 1 being very mild and 10 being severe

5

Frequency of pain

☐ Occasional

☐ One or more times a week ☒ All of the time

Is the Patient Undergoing Pain Management Planning?

☐ Yes ☒ No

Is the member taking a narcotic or Opioid Medication?

☐ Yes ☒ No

Was the patient advised regarding the potential for dependence?

☐ Yes ☒ No

Vital Signs

Vital Signs

Blood Pressure		Pulse	Respiratory Rate	Temp	Pulse Oximetry	Pain Scale /10
140 (mmHG)	82 (mmHG)	84 (bpm)	16	973	97	5

BMI

Patients Height		Patients Weight	BMI
5 (Feet)	6 (Inch)	142.6 (lbs)	23.0

☐ Obesity

☐ Moderate Obesity

☐ Morbid Obesity

☐ Malnutrition

Are you on a special diet?

☐ Heart Healthy Diet

☐ Diabetic Diet

☐ Renal Diet

☐ Vegetarian

☐ Vegan

☐ Gluten Free

☐ Keto

☐ Pescatarian

☒ Other

Describe

none, regular diet

Have you lost weight in the past 6 months?

☒ None

☐ 5lbs

☐ 10lbs

- ☐ 15lbs
 ☐ More than 15lbs
 ☐ 10% of your weight (calculated by assessor)

Recommendations

☒ Nutrition/ weight management

comments diabetic nurse educator consult for education on diabetic, heart healthy diet

☐ Other

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

Ears, Nose, Mouth and Throat

External Inspection of ears and nose:	Normal	Abnormal
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Comment: clear nasal drainage

Otoscopic examination:	Normal	Abnormal
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Comment: scarring of TMs bilaterally

Assessment of hearing:	Normal	Abnormal
Inspection of nasal mucosa, septum and turbinates:	Normal	Abnormal

Comment: swollen turbinates bilaterally clear nasal drainage

Inspection of lips, teeth and gums:	Normal	Abnormal
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Comment: upper and lower dentures in place

Examination of oropharynx:	Normal	Abnormal
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Comment: cobblestoning of oropharynx w/o erythema

Neck

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

Pulmonary

Assessment of respiratory effort:	Normal	Abnormal
Auscultation of lungs:	Normal	Abnormal

Cardiovascular

Auscultation of heart:	Normal	Abnormal
Palpation and auscultation of Carotid Arteries:	Normal	Abnormal
Pedal Pulses:	Normal	Abnormal
Examination of Edema / Varicosities:	Normal	Abnormal
Examination of Radial Pulses:	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
Inspection/palpation of digits and nails:	Normal	Abnormal
Inspection/palpation of joints, bones and muscles:	Normal	Abnormal

Comment: no pain upon palpation of knees bilaterally, left knee sleeve brace in place

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
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Neurologic

Indicate specific cranial nerve tested

CN II-IX, XI-XII

Indicate cranial nerve deficits found

none

Romberg Test	Normal	Abnormal
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Comment: mildly unsteady with eyes closed with slight swaying left and right but maintains balance

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

Diabetes

Foot Exam:	Normal	Abnormal
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☐ RFoot
 ☐ LFoot
 ☒ Bilateral

Comments: discoloration of toenails with apparent fungal infection of nails. monofilament test normal

Psychiatric

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

Screenings Needed

MICROALBUMIN

☐ Yes
 ☒ No

FOBT

☐ Yes
 ☒ No

A1C

☐ Yes
 ☒ No

LDL

☐ Yes
 ☒ No

RETINAL EYE EXAM

☐ Yes
 ☒ No

DEXA

☐ Yes
 ☒ No

PAD

☐ Yes
 ☒ No

☐ Member educated on results, verbalized understanding

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

Comment:

unknown

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

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

no

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

no

Have you ever physically or felt emotionally abused by someone

☐ Yes

☒ No

Feeling like harming others or yourself

☐ Yes

☒ No

Are you afraid of anyone or is anyone hurting you?

☐ Yes

☒ No

Patient Summary

Assessors Comments :

70yo Vietnamese male patient, appropriately dressed and groomed, alert and oriented, pleasant and cooperative during exam
reviewed previously documented conditions, addressed active conditions per ROS above
Patient in need of diabetic nurse educator consult for diabetes education, specifically diabetic, heart healthy diet
Patient in need of dental exam, may be in need of adjustment/new dentures - needs assistance with scheduling dental exam
Patient in need of hearing evaluation - please refer to audiology

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 :	2022-09-28T09:42
Time exam finished	2022-09-28T10:45
I accept the Disclosure Statement	<input checked="" type="checkbox"/>
Provider Signature	<div><div>Jennifer Lewis, MSN, FNP-C</div><div>Digitally signed by Jennifer Lewis, FNP 2022-10-04, 11:25</div></div>
Addendum	
Addendum Signature	

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?

The information obtained today and any applicable lab results (some of which may become available after subsequent analysis) may be sent to your primary care physician (PCP).