



Dear Dr. aa

Ruiz Guadalupe
607431701

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concern.

Sincerely,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp	98	Pulse Oximetry		Pain Scale /10	
Age	83	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXA M	Select				

Patient Assessment Summary

Name : Ruiz Guadalupe Age : 83
Date of Birth : 1938-04-13 Member ID : 607431701
Evaluator Name : test Date : 2021-09-06T10:59
Gender : Female Address : abc,a,a
Lob : LOB Marital Status : Single
Email : Phno : 1234,123

HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select		Select	Select		Taking
	Select		Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: Other

Describe

Answer: No Ethnicity

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Parotid Disease, Supported By Physical findings, History

History Of

Hyperopia, Supported By Symptoms

Bowel Obstruction, Supported By Physical Findings

Care management related to self - assessment and psychosocial behaviors

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How confident are you in filling out medical forms by yourself? : Not Very Confident

Comment :

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Email	:	Phno	: 1234,123

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

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

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

H. Going up or down stairs : **No**

Care management related to past medical history

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

Answer: Cane , Walker

Are you currently seeing any specialists?

Answer: **No**

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

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

Answer:

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

Answer: **None**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

-Have you lost weight in the past 6 months?

Answer:

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

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Screen	Answer
Colonoscopy	Yes
Breast Exam/Mammography	No
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer: None

Assessors Comments : Assessors Comments