



Dear Dr.

Wagner Coretha  
765957101

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		Pulse Oximetry		Pain Scale /10	
Age	79	Patients Height		Patients Weight	
BMI					

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				

# Patient Assessment Summary

Name : Wagner Coretha Age : 79  
Date of Birth : 1941-11-09 Member ID : 765957101  
Evaluator Name : test Date : 2021-09-13T11:08  
Gender : Female Address : ,  
Lob : LOB Marital Status : Single  
Email : Phno : ,

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

## Allergies

Answer:

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select	1	EA = Ear	PRN	a	Taking
	Select	2	N = Nasal	HS	b	Not Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: Other

Describe

Answer: No Ethnicity

### - Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

## 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.

When you get written information at a doctor's office would you say it is? : Somewhat difficult

Comment :

When you read the instructions on a prescription bottle would you say that it is? : Somewhat difficult

Comment :

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

Comment :

- Social service referral to further assess social support infrastructure

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Date of Birth	: 1941-11-09	Member ID	: 765957101
Evaluator Name	: test	Date	: 2021-09-13T11:08
Gender	: Female	Address	: „
Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

Who do you currently live with? : **Alone**

Comment :

Do you have someone who can help if you are sick or have problems? : **No**

Comment :

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## 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 : **Need Some Help**

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

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk

H. Going up or down stairs : **Need Some Help**

How many stairs can you climb

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## Care management related to past medical history

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

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
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If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : **4**

A. Seen your PCP

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

B. Visited the Emergency Room : **4**

If one or more, describe

C. Stayed in the hospital overnight : **4**

If one or more, describe

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Lob	: LOB	Marital Status	: Single
Email	:	Phno	: ,

D. Been in a nursing home : 4

If one or more, describe

E. Had Surgery : 4

If one or more, describe

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

Answer:

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

Answer:

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.

Screen	Answer
Colonoscopy	
Breast Exam/Mammography	
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

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

Answer:

Assessors Comments : Assessors Comments