

New River Family  
32 Office Park Road  
Suite 215  
Hilton Head ,SC 29928  
P: 834-444-5555  
F: 934-444-5555

Diane Larson  
Account Number:  
Policy Number: **991451377A**

Printed: **07/09/2024**  
Patient Name: **Diane Larson**  
DOB: **10/23/1941**  
Age: **82**  
Provider: **Dr Marvin S Gardens,MD**  
Supervising Provider: **Karen A Williams,RN**

DOS: **July 09, 2024**

## **Preliminary Note - has not been signed off by provider**

### **Vital Signs**

Vital signs were measured and recorded: Weight in pounds:200, Height in inches:65, Blood Pressure:, Systole:140, Diastole:90, and no additional information was provided

### **Demographics**

Patient demographics: Gender:, male, Race:, Asian, Marital status:, divorced, Living arrangement:, lives with a paid care-giver, and no additional information was provided

### **Immunization History**

Patient responses to immunization queries: Last flu shot:, **doesn't remember**, Pneumonia vaccinations:, **had one shot**, Shingles vaccine:, **zostavax administered**, Tested positive for COVID-19:, **yes, have tested positive**, Vaccinated for COVID-19:, **no**, Type of vaccine received:, Moderna, Both doses received:, **no**, approximate time of vaccine administration:, more than 6 months ago, and no additional information was provided

### **Medical History**

Patient responses to medical history queries: Last mammogram:, male and mammogram has not been needed, Osteoporosis testing:, **no**, Colon cancer screening status:, **never had a colon cancer screening**, Cholesterol history:, **history of high cholesterol**, Have/ had following conditions:, **heart disease or heart attack, depression, diabetes or high blood sugar, diabetes insulin dependent**, Bladder control accidents:, **often**, Last PSA screening:, female and does not apply, and no additional information was provided

### **Sexual Health Screening**

Patient responses to the sexual health screening: Sexually active in the last year:, **yes**, Tested for sexually transmitted diseases:, tested for both std and hiv, and no additional information was provided

### **Family History**

Patient report of: family health conditions:, anemia, colon cancer, heart disease or heart attack, mental health disorder, and no additional information was provided

### **Fall Risk Screening**

Patient fall risk screening responses: Safety precautions not in home:, **safety grab bars in bathroom(s), anti-slip rugs and carpets, sturdy railings and treads on stairs, automatic night lights**, Fallen in the past year:, **yes, 3 or more**, Shaky or unsteady when standing or walking:, **often**, and no additional information was provided

### **Hearing Screening**

Patient response to hearing screening: Hearing difficulty:, **yes**, and no additional information was provided

### **Social Support Screening**

Patient responses to social support screening: Health or emotions limited socializing with family or friends:, **many times**, Someone to assist when help needed:, **never**, Social and emotional support when needed:, **rarely**, How often speak with family and friends:, **a few times a year**, and no additional information was provided

### **Depression Screening (PHQ)**

Patient depression screening responses: Having little interest or pleasure in doing things:, **more than half the days**, Feeling down, depressed, or hopeless:, **several days**, PHQ2 Total Score:3, Trouble falling asleep, staying asleep, or sleeping too much:, **several days**, Feeling tired or having little energy:, **several days**, Poor appetite or overeating:, **more than half the days**, Feeling bad about yourself — or that you are a failure or have let yourself or your family down:, **more than half the days**, Trouble concentrating on things, such as reading the newspaper or watching television:, **more than half the days**, Moving or speaking so slowly that other people could have noticed; or the opposite — being so fidgety or restless that you have been moving around a lot more than usual:, **nearly every day**, Thoughts that you would be better off dead or of hurting yourself in some way:, **several days**, PHQ9 Total Score:15, How difficult these problems have made it for you to function:, **somewhat difficult**, and no additional information was provided

### Pain Screening

Patient pain screening responses: Rate pain (within last 4 weeks):, **severe pain**, and no additional information was provided

### Tobacco Alcohol and Substance Use Screening

Patient report of tobacco, alcohol, and substance use: Tobacco Use:, **smokes cigarettes**, Cigarettes smoked per day:, **more than 1 pack per day**, Substance/s Use:, **sleeping pills or sedatives**, Alcohol Use:, 4 or 5 times a week, Number of drinks at a time:, **5 or more**, and no additional information was provided

### Cognitive Screening

Patient responses to cognitive screening: Three words selected:, telegram, red cross, brooch, Category of checkers:, **shapes**, WORLD spelled backwards:, **ldrwo**, Same 3 words selected previously:, telegram, checkers, racing, and no additional information was provided

### Vision Screening

Patient responses to vision screening: Vision difficulty:, **yes**, Last eye exam:, **more than 12 months ago**, and no additional information was provided

### Advance Directives Screening

Patient response to the Advance Directives screening: Would like to talk about these with physician:, **living will and do not resuscitate and healthcare power of attorney**, and no additional information was provided

### Chronic Care Management Screening

Patient response to Chronic Care Management query:: Interest in CCM:, **yes interested**, and no additional information was provided

### Risk Factors

The patient's relative risk factors are shown in the following table.

CHRONIC CONDITION	LEVEL	TREATMENT OPTIONS	ASSOCIATED RISKS
CVD	(+++)	Continue monitoring BP, cholesterol, BMI.	Stroke/TIA
Cognitive Impairment	(+)	Continue monitoring cognitive impairment.	
Colorectal Cancer	(++)	Counsel patient on fatty red meat, fried food and saturated fat intake. Consider referral to Registered Dietician if warranted.	
Depression	(+++)	Continue monitoring early warning signs of depression.	
Diabetes	(+)	Continue monitoring lipids, BMI, waist.	Retinopathy
Functional Capacity and Safety	(++)	Continue monitoring safety, driving habits, handrails and slippery surfaces.	
Osteoarthritis/Arthritis	(-)	Continue monitoring bone density. Consider calcium supplement.	Functional Ability
Stroke/TIA	(++)	Continue monitoring BP, aspirin intake.	

### Medical Decision Making

Possible HCC RAF Coding for consideration:: HCC RAF Values

#### Recommended Procedures, Treatments and Preventive Services;

- Referral to MH specialist indicated for high/severe depression risk factors ;
- CCM will be offered to patient as s/he meets requirements ;
- Suicide Alert!

### Written screening schedule - 5 year Plan

The patient's written screening schedule and 5-year plan is as follows.

CATEGORY	GOALS
Blood Pressure	Measure at least yearly; goal 130/80; if diabetes, age > 65, or other medical condition, your medical provider may recommend a higher or lower goal. Discuss with your medical provider.
Weight/BMI	Age => 18 years, measure at least every 12 months. BMI goal => 18.5 and < 25
Vaccinations	Seasonal Flu Pneumonia: Pneumovax and Prevnar (once after age 65) Tdap one dose, thereafter Td (tetanus and diphtheria) every 10 years Shingrix two-dose one-time-only after age 50 COVID-19 primary series, plus booster. People with weakened immune systems may be eligible for an additional primary shot. Discuss with your medical provider.
Lab Orders	Lipid testing once every 5 years; more frequently if being treated for elevated cholesterol, diabetes, heart disease or vascular disease. Discuss with your medical provider.
Colon Cancer Screening	Colonoscopy every 10 years starting age 50 until age 75-80; more frequently and possibly at a younger age depending on family history or medical conditions. Discuss with your medical provider who may offer other testing options.

Abdominal Ultrasound	If you are a male 65 or older and have ever smoked, you may have an increased risk for an aortic aneurysm. Discuss the one-time only screening for this condition with your medical provider.
Bone Density Testing	Once every two years for persons who indicate an increased risk for osteoporosis; your provider will evaluate your medical need and your appropriate bone mass measurement; testing may be more often when medically necessary. Discuss with your medical provider.
Hepatitis C Testing	Recommended once for people born between 1945-1965. Discuss with your medical provider.
Referrals	Depending upon clinical scenario

### Personalized Health Advice

The patient's personalized health advice is as follows.

CATEGORY	RECOMMENDATIONS	ACCOMPLISH BY
Nutrition	<ul style="list-style-type: none"> <li>Baked or broiled fish or chicken are healthy substitutes for red meat or fried food at mealtime. Both are lower in fat and are good sources of vitamins and minerals. The omega-3 in cold-water fish protects the heart and circulation and may reduce the risk of heart disease and certain cancers.</li> <li>Eating small servings of healthy snacks in your diet can help you shed pounds and lower your risk of heart disease. Eat a small, healthy snack before lunch and dinner and you won't be tempted to overeat large meals.</li> <li>Men and women have an increased risk for osteoporosis as they age. Consult with your provider about bone density screenings, supplements, and exercise, to help you strengthen your bones.</li> </ul>	<p>As directed by your provider:</p> <p>_____</p>
Fall Prevention	<ul style="list-style-type: none"> <li>Your risk of falling and slipping is "high." You should take extra precautions around your house, bathroom and outside on your walkway to have railings installed so you don't fall and suffer a setback.</li> </ul>	<p>As directed by your provider:</p> <p>_____</p>
Cognition Improvement	<ul style="list-style-type: none"> <li>Please describe your inability to concentrate to your provider.</li> </ul>	<p>As directed by your provider:</p> <p>_____</p>
Depression	<ul style="list-style-type: none"> <li>Your provider will talk to you about the problems you have sleeping. If you increase your exercise level and cut down on caffeine (especially before bedtime) you will probably start to sleep through the night longer.</li> <li>If you are sad, lonely and come to tears easily, you may have early symptoms of depression. Talk to your provider right away about this.</li> <li>If you are having difficulty sleeping, consult with your provider and tell him or her about it. Reduce your intake of caffeine, especially before bedtime.</li> <li>If you suffer from a lack of interest in activities that you used to enjoy, you may be suffering from depression. Talk to your provider about this immediately.</li> <li>If you have thoughts of death or suicide it is very important that you talk to your provider as soon as possible.</li> <li>Please let your provider know that you are having difficulty sleeping at night. Remember to avoid large meals and caffeine before bedtime.</li> <li>You should discuss your fatigue and loss of energy with your provider as soon as possible.</li> <li>Tell your provider right away about your feelings of worthlessness.</li> <li>Maintaining contact with your family is very important. If you are unable to do this, please talk to your provider about it immediately.</li> </ul>	<p>As directed by your provider:</p> <p>_____</p>
Physical Strength	<ul style="list-style-type: none"> <li>Your age is 65 years or older. As you age your bones become brittle and you have muscle loss. Your provider can discuss ways that you can help strengthen bones and muscles.</li> <li>If you feel that your physical movements have become restricted lately, please let your provider know immediately.</li> <li>Your provider will discuss your reduction in physical movements with you and offer some further advice.</li> </ul>	<p>As directed by your provider:</p> <p>_____</p>

Referrals	<ul style="list-style-type: none"> <li>• Your provider will discuss your reported heart problems with you separately.</li> <li>• Discuss your history of high blood sugar with your provider.</li> </ul>	As directed by your provider: <hr/>
-----------	--	---

**Not Signed Off**

Dr Marvin S Gardens, MD

**Not Signed Off**

Karen A Williams, RN