

CONFIDENTIAL INFORMATION

From :

c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

To :

ENGEL, GINA D
15 Pratts Run
229806606

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c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

ENGEL, GINA D
15 Pratts Run
Waynesboro

ENGEL, GINA D

Through our partnership with Focus Care, your patient, covered through Virginia Premier Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

PATRICIA A ZIRKLE
1961-09-17
11000228

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,

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name	: PATRICIA A ZIRKLE	Age	: 60
Date of Birth	: 1961-09-17	Member ID	: 11000228
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 94 WINDY ACRES DR,AFTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349968680,5404566665

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Yes	2021-01-25	Negative		
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	ORPHENADRINE	TAB 100MG ER	Select	Select		Taking
	PRAVASTATIN	TAB 40MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	POT CHLORIDE	TAB 10MEQ ER	Select	Select		Taking
	FLUOXETINE	TAB 20MG	Select	Select		Taking
	ERYTHROMYCIN	TAB 250MG BS	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	DULOXETINE	CAP 60MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	OSELTAMIVIR	CAP 75MG	Select	Select		Taking

Patient Assessment Summary

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Evaluator Name : undefined Date : undefined
Gender : Female Address : 94 WINDY ACRES DR,AFTON,VA
Lob : DSNP Marital Status : Single
Email : Phno : 4349968680,5404566665

	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	IBUPROFEN	TAB 600MG	Select	Select		Taking
	FLUOXETINE	TAB 20MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	ORPHENADRINE	TAB 100MG ER	Select	Select		Taking
	PRAVASTATIN	TAB 40MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	POT CHLORIDE	TAB 10MEQ CR	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	ERYTHROMYCIN	TAB 250MG BS	Select	Select		Taking
	DULOXETINE	CAP 60MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	OSELTAMIVIR	CAP 75MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	IBUPROFEN	TAB 600MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: Caucasian

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.

How much school have you completed? Less than 3rd grade

Comment :

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

Comment :

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Care management related to patient's activity levels

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

Care management related to past medical history

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

Answer:

Are you currently seeing any specialists?

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:

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	

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Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :