

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BABAR, AHMAD  
4376 Germanna Hwy  
Locust Grove, VA, 225082008

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

BABAR, AHMAD  
4376 Germanna Hwy  
Locust Grove, VA, 225082008

Dear Dr. BABAR, AHMAD

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:

**WILLIAM C PLUMB**  
1944-10-15  
11000305

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.

**If you have any questions or if you want to set up an In-Home Health Review, please call us at <1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm>.**

Sincerely,

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

# Patient Assessment Summary

Name	: WILLIAM C PLUMB	Age	: 77
Date of Birth	: 1944-10-15	Member ID	: 11000305
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 410 BIRCHSIDE CIR,LOCUST GROVE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5404060508,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	77	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	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer:

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ADVAIR DISKU	AER 250/50	Select	Select		Taking
	DILTIAZEM	CAP 300MG ER	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	TRAZODONE	TAB 150MG	Select	Select		Taking
	ATORVASTATIN	TAB 10MG	Select	Select		Taking
	LISINOPRIL	TAB 10MG	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	LEVOFLOXACIN	TAB 500MG	Select	Select		Taking
	AMOXICILLIN	TAB 875MG	Select	Select		Taking
	DOXYCYCL HYC	TAB 100MG	Select	Select		Taking
	CEFUROXIME	TAB 250MG	Select	Select		Taking

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	METHYLPRED	TAB 4MG	Select	Select		Taking
	ADVAIR	AER 250/50	Select	Select		Taking
	TRAZODONE	TAB 150MG	Select	Select		Taking
	ATORVASTATIN	TAB 10MG	Select	Select		Taking
	DILTIAZEM	CAP 300MG ER	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	LEVOFLOXACIN	TAB 500MG	Select	Select		Taking
	AMOXICILLIN	TAB 875MG	Select	Select		Taking
	CEFUROXIME	TAB 500MG	Select	Select		Taking
	DOXYCYCL	TAB 100MG	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

None

## Care management related to patient's activity levels

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

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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:

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	

## Care management related to diagnoses and symptoms

Family History

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

Answer:

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Assessors Comments :