

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. VILLANUEVA, JOHN G
8380 BOYDTON PLANK ROAD
PRINCE GEORGE, VA, 238751400

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VILLANUEVA, JOHN G
8380 BOYDTON PLANK ROAD
PRINCE GEORGE,VA,238751400

Dear Dr. VILLANUEVA, JOHN G

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:

ALICE G MOORE
1946-01-26
11000409

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	: ALICE G MOORE	Age	: 76
Date of Birth	: 1946-01-26	Member ID	: 11000409
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4801 BAILEY'S RIDGE LANE #13,PRINCE GEORGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8045042552,8046682331

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	76	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	2021-02-10	Positive		
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	CARBAMAZEPIN	CAP 300MG ER	Select	Select		Taking
	LEVETIRACETA	TAB 500MG ER	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	ADVAIR DISKU	AER 250/50	Select	Select		Taking
	FELODIPINE	TAB 10MG ER	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	CILOSTAZOL	TAB 50MG	Select	Select		Taking
	SIMVASTATIN	TAB 40MG	Select	Select		Taking
	ALENDRONATE	TAB 70MG	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking

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	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	ESTRADIOL	CRE 0.0001	Select	Select		Taking
	ATORVASTATIN	TAB 80MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	FELODIPINE	TAB 10MG ER	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	CARBAMAZEPIN	CAP 300MG ER	Select	Select		Taking
	ADVAIR	AER 250/50	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	LEVETIRACETA	TAB 500MG ER	Select	Select		Taking
	SIMVASTATIN	TAB 40MG	Select	Select		Taking
	ATORVASTATIN	TAB 80MG	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	FLUTIC/SALME	AER 250/50	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	ALENDRONATE	TAB 70MG	Select	Select		Taking
	CILOSTAZOL	TAB 50MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	ESTRADIOL	CRE 0.0001	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: African American

- Preferred language

Answer:

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

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None

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	

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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 :