

CONFIDENTIAL INFORMATION

From :

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

To :

GREEN, HAROLD T
2421 Chamberlayne Ave
232224205

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

GREEN, HAROLD T
2421 Chamberlayne Ave
Richmond

GREEN, HAROLD T

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:

RONNIE THOMPSON
1951-01-02
11000747

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	: RONNIE THOMPSON	Age	: 70
Date of Birth	: 1951-01-02	Member ID	: 11000747
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 2112 SECOND AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8044860316,8047292757

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	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
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	DOXAZOSIN	TAB 2MG	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	CARVEDILOL	TAB 25MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	PREVNAR 13	INJ	Select	Select		Taking
	DOXAZOSIN	TAB 2MG	Select	Select		Taking
	CARVEDILOL	TAB 25MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
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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

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?Very difficult

Comment :

When you read the instructions on a prescription bottle would you say that it is?Very 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

Who do you currently live with?Alone

Comment :

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

Comment :

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:

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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

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	bghtg	tyty
Mother	hyh	tyty
Sibling1	ytuyu	yuyu
Sibling2	tutyu	yui

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

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Answer:

Assessors Comments :