

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. LYONS, KAREN A
108 HOUSTON STREET
LEXINGTON, VA, 244502455

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

LYONS, KAREN A
108 HOUSTON STREET
LEXINGTON, VA, 24450-2455

Dear Dr. LYONS, KAREN A

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:

DOROTHY M SPINNER
1958-09-24
11000784

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 : DOROTHY M SPINNER
Date of Birth : 1958-09-24
Evaluator Name : undefined
Gender : Female
Lob : DSNP
Email :

Age : 63
Member ID : 11000784
Date : undefined
Address : 277 E 38TH STREET,BUENA VISTA,VA
Marital Status : Single
Phno : 5402611036,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	63	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
	FLUOXETINE	CAP 20MG	Select	Select		Taking
	LOSARTAN POT	TAB 100MG	Select	Select		Taking
	SIMVASTATIN	TAB 20MG	Select	Select		Taking
	CONTOUR	TES BLD GLUC	Select	Select		Taking
	FREESTYLE	KIT SENSOR	Select	Select		Taking
	EASY TOUCH	MIS 32GX5/32	Select	Select		Taking
	VICTOZA	INJ 18MG/3ML	Select	Select		Taking
	INSULIN ASPA	INJ FLEXPEN	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	METFORMIN	TAB 500MG ER	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking

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 Date : undefined
 Address : 277 E 38TH STREET,BUENA VISTA,VA
 Marital Status : Single
 Phno : 5402611036,

	METFORMIN HCL	ER ORAL TAB	Select	Select		Taking
	FAMOTIDINE	TAB 40MG	Select	Select		Taking
	ADVAIR HFA	AER 230/21	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	METOPROL SUC	TAB 100MG ER	Select	Select		Taking
	SOFTCLIX	MIS LANCETS	Select	Select		Taking
	TRESIBA FLEX	INJ 200UNIT	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking
	BAYER MICRLT	MIS LANCETS	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	LOSARTAN/HCT	TAB 100-25	Select	Select		Taking
	NABUMETONE	TAB 750MG	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	LIDOCAINE	PAD 0.05	Select	Select		Taking
	PEN NEEDLES	MIS 32GX4MM	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	METOPROL TAR	TAB 50MG	Select	Select		Taking
	BUT/APAP/CAF	TAB	Select	Select		Taking
	DIAZEPAM	TAB 5MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	SIMVASTATIN	TAB 20MG	Select	Select		Taking
	CONTOUR	TES BLD GLUC	Select	Select		Taking
	FLUOXETINE	CAP 20MG	Select	Select		Taking
	LOSARTAN	TAB 100MG	Select	Select		Taking
	METOPROL	TAB 100MG ER	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	FREESTYLE KIT SENSOR	KIT SENSOR	Select	Select		Taking
	FREESTYLE MIS READER	MIS READER	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	SOFTCLIX	MIS LANCETS	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking

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	EASY	MIS 32GX5/32	Select	Select		Taking
	ADVAIR	AER 115/21	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	VICTOZA	INJ 18MG/3ML	Select	Select		Taking
	LIDOCAINE	PAD 0.05	Select	Select		Taking
	METFORMIN	ER ORAL TAB	Select	Select		Taking
	INSULIN	INJ FLEXPEN	Select	Select		Taking
	FAMOTIDINE	TAB 40MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	MOMETASONE	SPR 50MCG	Select	Select		Taking
	TRESIBA	INJ 200UNIT	Select	Select		Taking
	BAYER	MIS LANCETS	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	LOSARTAN/HCT	TAB 100-25	Select	Select		Taking
	PEN NEEDLES	MIS 32GX4MM	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
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	BUT/APAP/CAF	TAB	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	DIAZEPAM	TAB 5MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: African American

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

None

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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 at All Confident**

Comment :

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : **Often**

Comment :

- Social service referral to further assess social support infrastructure

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:

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: **No**

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-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	Yes
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	Not Applicable
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	
If Diabetic Foot Exam	Don't Know
If Diabetic Hgb A1c screen	No
Lipid Panel	Don't Know

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :