

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. JACKSON, RICHARD A
304 E Leigh St
Richmond, VA, 232191410

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

JACKSON, RICHARD A
304 E Leigh St
Richmond, VA, 23219-1410

Dear Dr. JACKSON, RICHARD 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:

BARBARA A FOWLER
1940-07-25
11000787

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	: BARBARA A FOWLER	Age	: 81
Date of Birth	: 1940-07-25	Member ID	: 11000787
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1811 HALIFAX AVENUE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8042322591,8042326692

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	81	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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	BREO ELLIPTA	INH 100-25	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	FREESTYLE	MIS LANCETS	Select	Select		Taking
	XARELTO	TAB 15MG	Select	Select		Taking
	CALCITRIOL	CAP 0.25MCG	Select	Select		Taking
	JARDIANCE	TAB 10MG	Select	Select		Taking
	ENTRESTO	TAB 97-103MG	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	LEVEMIR	INJ	Select	Select		Taking

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		FLEXTUUC				
	OZEMPIC	INJ 2/1.5ML	Select	Select		Taking
	CARVEDILOL	TAB 3.125MG	Select	Select		Taking
	BUMETANIDE	TAB 0.5MG	Select	Select		Taking
	LINZESS	CAP 145MCG	Select	Select		Taking
	LORAZEPAM	TAB 1MG	Select	Select		Taking
	FLUTICASON	SPR 50MCG	Select	Select		Taking
	CLINDAMYCIN	CAP 150MG	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	CITALOPRAM	TAB 40MG	Select	Select		Taking
	ANORO ELLIPT	AER 62.5-25	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	FLUAD QUADRI	INJ 0.5ML	Select	Select		Taking
	DOXYCYCL HYC	TAB 100MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	METFORMIN	TAB 500MG ER	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	LEVEMIR	INJ FLEXTUUC	Select	Select		Taking
	ENTRESTO	TAB 97-103MG	Select	Select		Taking
	CARVEDILOL	TAB 3.125MG	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Taking
	BREO	INH 100-25	Select	Select		Taking
	FREESTYLE MIS READER	MIS READER	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	FREESTYLE TES LITE	TES LITE	Select	Select		Taking
	XARELTO	TAB 15MG	Select	Select		Taking
	FREESTYLE KIT SENSOR	KIT SENSOR	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	FREESTYLE MIS LANCETS	MIS LANCETS	Select	Select		Taking
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	CALCITRIOL	CAP 0.25MCG	Select	Select		Taking
	JARDIANCE	TAB 10MG	Select	Select		Taking
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	BUMETANIDE	TAB 0.5MG	Select	Select		Taking
	LINZESS	CAP 145MCG	Select	Select		Taking
	CITALOPRAM	TAB 40MG	Select	Select		Taking
	ANORO	AER 62.5-25	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	FREESTYLE MIS LITE	MIS LITE	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	DOXYCYCL	TAB 100MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	METFORMIN	TAB 500MG ER	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

- 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 :

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

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? : Sometimes

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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 :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

H. Going up or down stairs : **No**

Care management related to past medical history

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

Answer: None

Comment:

Are you currently seeing any specialists?

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : **None**

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **None**

- Have you ever been hospitalized prior to the last 12 months?

Answer: **No**

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

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	thyuy	yui
Mother	yuioi	ytyiu

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

Answer:

Assessors Comments :