

CONFIDENTIAL INFORMATION

From :

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

To :

LI, DANDAN
301 E Southline Rd
619532014

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

LI, DANDAN
301 E Southline Rd
Tuscola

LI, DANDAN

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:

JOHN K HELLRUNG
1981-09-25
11001050

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 : JOHN K HELLRUNG
Date of Birth : 1981-09-25
Evaluator Name : undefined
Gender : Male
Lob : DSNP
Email :

Age : 40
Member ID : 11001050
Date : undefined
Address : 9520 WATERFOWL FLYWAY,CHESTERFIELD,VA
Marital Status : Single
Phno : 8047784172,8049307650

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	40	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
	CLOZAPINE	TAB 100MG	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	LITHIUM CARB	TAB 450MG ER	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	DIVALPROEX	TAB 500MG ER	Select	Select		Taking
	BUSPIRONE	TAB 5MG	Select	Select		Taking
	ATOMOXETINE	CAP 60MG	Select	Select		Taking
	OLANZAPINE	TAB 5MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	HYDROXYZ HCL	TAB 50MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 10MG	Select	Select		Taking
	BENZTROPINE	TAB 1MG	Select	Select		Taking

Patient Assessment Summary

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Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8047784172,8049307650

	LEVOTHYROXIN	TAB 25MCG	Select	Select		Taking
	CEFUROXIME	TAB 250MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	LORAZEPAM	TAB 1MG	Select	Select		Taking
	HYDROXYZ PAM	CAP 50MG	Select	Select		Taking
	ATOMOXETINE H	CL 40 MG CAP	Select	Select		Taking
	CEPHALEXIN	CAP 250MG	Select	Select		Taking
	ZOLPIDEM	TAB 10MG	Select	Select		Taking
	ABILIFY MAIN	INJ 400MG	Select	Select		Taking
	CLOZAPINE	TAB 100MG	Select	Select		Taking
	OLANZAPINE	TAB 5MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	BUSPIRONE	TAB 5MG	Select	Select		Taking
	DIVALPROEX	TAB 500MG ER	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	LITHIUM	CAP 300MG	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	ATOMOXETINE	CAP 60MG	Select	Select		Taking
	HYDROXYZ	TAB 50MG	Select	Select		Taking
	LEVOTHYROXIN	TAB 25MCG	Select	Select		Taking
	BENZTROPINE	TAB 1MG	Select	Select		Taking
	ARIPRAZOLE	TAB 10MG	Select	Select		Taking
	CEPHALEXIN	CAP 250MG	Select	Select		Taking
	CEFUROXIME	TAB 250MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	ZOLPIDEM	TAB 10MG	Select	Select		Taking
	ABILIFY	INJ 400MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: Caucasian

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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

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.

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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:

Assessors Comments :