



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

ASPILI, CONCEPCION
15425 Warwick Blvd Ste A
Newport News, VA, 236081579

Dear Dr. ASPILI, CONCEPCION

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:

STANLEY JONES
1959-05-24
11001466

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 : STANLEY JONES
Date of Birth : 1959-05-24
Evaluator Name : test
Gender : Male
Lob : DSNP
Email :

Age : 62
Member ID : 11001466
Date :
Address : 500 POWELLVILLE LANE,NEWPORT NEWS,VA
Marital Status : Single
Phno : 7579529970,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	62	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
	MELOXICAM	TAB 15MG	Select	Select		Taking
	LATANOPROST	SOL 0.00005	Select	Select		Taking
	SILVER SULFA	CRE 0.01	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	SSD	CRE 0.01	Select	Select		Taking
	CELECOXIB	CAP 200MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	ADVAIR DISKU	AER 250/50	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking

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	PREDNISONE	TAB 20MG	Select	Select		Taking
	DICLOFENAC	TAB 50MG DR	Select	Select		Taking
	ALBUTEROL	NEB 0.63MG/3	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking
	AMOX/K CLAV	TAB 500-125	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	SILVER	CRE 0.01	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	LATANOPROST	SOL 0.00005	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	CELECOXIB	CAP 200MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	SSD	CRE 0.01	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	ALBUTEROL	NEB 1.25MG/3	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	ADVAIR	AER 250/50	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	AMOX/K	TAB 500-125	Select	Select		Taking
	METHOCARBAM	TAB 500MG	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

None

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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	
If Diabetic Hgb A1c screen	

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Lipid Panel	
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Care management related to diagnoses and symptoms

Family History

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

Assessors Comments :