

CONFIDENTIAL INFORMATION

From :

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

To :

AUSTIN, ANN
3 Riverside Cir
240164955

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

AUSTIN, ANN
3 Riverside Cir
Roanoke

AUSTIN, ANN

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:

KATHY A ZIEGLER
1954-10-30
11002177

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	: KATHY A ZIEGLER	Age	: 67
Date of Birth	: 1954-10-30	Member ID	: 11002177
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 340 E COURT STREET, ROCKY MOUNT, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5404839411, 5404839411

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	67	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
	RESTASIS	EMU 0.0005	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	METHOTREXATE	TAB 2.5MG	Select	Select		Taking
	METOPROL TAR	TAB 25MG	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	HYDROXYCHLOR	TAB 200MG	Select	Select		Taking
	DIVALPROEX	TAB 250MG DR	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	RISPERIDONE	TAB 3MG	Select	Select		Taking
	DOXYCYCL HYC	CAP 100MG	Select	Select		Taking
	AFLURIA QUAD	INJ 2019-20	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking

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Date : undefined
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Marital Status : Single
Phno : 5404839411, 5404839411

	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	AUG BETAMET	CRE 0.0005	Select	Select		Taking
	DESONIDE	OIN 0.0005	Select	Select		Taking
	PEG-3350/KCL	SOL /SODIUM	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	RISPERIDONE	TAB 3MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	METHOTREXATE	TAB 2.5MG	Select	Select		Taking
	RESTASIS	EMU 0.0005	Select	Select		Taking
	METOPROL	TAB 25MG	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
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	CEFDINIR	CAP 300MG	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	HYDROXYCHLOR	TAB 200MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	PEG-3350/KCL	SOL /SODIUM	Select	Select		Taking
	AFLURIA	INJ 2019-20	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	DESONIDE	OIN 0.0005	Select	Select		Taking
	AUG	CRE 0.0005	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: African American

Preferred language

Answer:

Diagnoses under Chronic Care Management

None

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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.

Screen	Answer
Colonoscopy	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	

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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 :