



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

ERNST, BENJAMIN D
150 Spartan Dr
Salem, VA, 241533208

Dear Dr. ERNST, BENJAMIN D

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:

RYAN M TUCKER
1985-01-15
11002197

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 : RYAN M TUCKER
Date of Birth : 1985-01-15
Evaluator Name : test
Gender : Male
Lob : DSNP
Email :

Age : 36
Member ID : 11002197
Date :
Address : 3705 SUNRIDGE LANE,ROANOKE,VA
Marital Status : Single
Phno : 5402573466,

Your Vital Signs

| | | | | | |
|----------------|----|-----------------|-----|------------------|--|
| Blood Pressure | | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | 95 | Pain Scale /10 | |
| Age | 36 | 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 |
|-----------|-------------|--------------|--------|-----------|-----------------------|--------|
| | FAMOTIDINE | TAB 20MG | Select | Select | | Taking |
| | RANITIDINE | TAB 150MG | Select | Select | | Taking |
| | MONTELUKAST | TAB 10MG | Select | Select | | Taking |
| | SMZ/TMP DS | TAB 800-160 | Select | Select | | Taking |
| | RANITIDINE | TAB 150MG | Select | Select | | Taking |
| | MONTELUKAST | TAB 10MG | Select | Select | | Taking |
| | FAMOTIDINE | TAB 20MG | Select | Select | | Taking |
| | SMZ/TMP | TAB 800-160 | Select | Select | | Taking |

Over the Counter Medications / Supplements

Answer:

- Race

Patient Assessment Summary

| | | | |
|----------------|-----------------|----------------|---------------------------------|
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| Evaluator Name | : test | Date | : |
| Gender | : Male | Address | : 3705 SUNRIDGE LANE,ROANOKE,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : | Phno | : 5402573466, |

Answer: **Caucasian**

- 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

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| | | | |
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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 | |
| Lipid Panel | |

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :