

CONFIDENTIAL INFORMATION

From :

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

To :

COOK, JAMES S
2105 E Parham Rd Ste 109
232282236

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

COOK, JAMES S
2105 E Parham Rd Ste 109
Henrico

COOK, JAMES S

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:

JAMES CHISHOLM
1950-09-07
11002245

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	: JAMES CHISHOLM	Age	: 71
Date of Birth	: 1950-09-07	Member ID	: 11002245
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 9716 SPRINGFIELD WOODS CIR,GLEN ALLEN,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8045859442,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	71	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	Yes	2020-02-21	L: 1.1, R: 0.94 - Mild		
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	BUMETANIDE	TAB 2MG	Select	Select		Taking
	SHINGRIX	INJ 50/0.5ML	Select	Select		Taking
	WARFARIN	TAB 5MG	Select	Select		Taking
	METOPROL TAR	TAB 100MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	OXYCODONE	TAB 30MG	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	PREVNAR 13	INJ	Select	Select		Taking
	LOSARTAN POT	TAB 50MG	Select	Select		Taking
	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Taking
	FLUOCINONIDE	GEL 0.0005	Select	Select		Taking

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	EASY COMFORT	MIS TWIST	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	RISPERIDONE	TAB 2MG	Select	Select		Taking
	ALCOHOL	PAD	Select	Select		Taking
	ONETOUCH	KIT ULTRA 2	Select	Select		Taking
	EASY MINI	MIS EJECT	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	CEPHALEXIN	CAP 250MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	FLUOCINONIDE	GEL 0.0005	Select	Select		Taking
	WARFARIN	TAB 5MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	SHINGRIX	INJ 50/0.5ML	Select	Select		Taking
	PREVNAR	INJ	Select	Select		Taking
	OXYCODONE	TAB 30MG	Select	Select		Taking
	METOPROL	TAB 100MG	Select	Select		Taking
	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Taking
	LOSARTAN	TAB 50MG	Select	Select		Taking
	BUMETANIDE	TAB 2MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	EASY	MIS TWIST	Select	Select		Taking
	ONETOUCH	TES ULTRA BL	Select	Select		Taking
	ALCOHOL	PAD	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	RISPERIDONE	TAB 2MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	CEPHALEXIN	CAP 250MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

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Race

Answer: **Caucasian**

Preferred language

Answer: **English**

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?**Very difficult**

Comment :

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

Comment :

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

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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	
Lipid Panel	

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :