

CONFIDENTIAL INFORMATION

From :

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

To :

DONOVAN, MARY B
412 Namozine St
239223184

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

DONOVAN, MARY B
412 Namozine St
Burkeville

DONOVAN, MARY B

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:

KENNETH R HILL
1950-03-05
11002462

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 : KENNETH R HILL Age : 71
Date of Birth : 1950-03-05 Member ID : 11002462
Evaluator Name : undefined Date : undefined
Gender : Male Address : 3887 SNEAD SPRING RD, CREWE, VA
Lob : DSNP Marital Status : Single
Email : Phno : 4342945552,4344805280

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	Select				
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	QUETIAPINE	TAB 300MG ER	Select	Select		Taking
	PROCHLORPER	TAB 10MG	Select	Select		Not Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	OXYCODONE	TAB 30MG	Select	Select		Not Taking
	METOPROL TAR	TAB 100MG	Select	Select		Taking
	AMITIZA	CAP 24MCG	Select	Select		Not Taking
	IMATINIB MES	TAB 100MG	Select	Select		Taking
	NITROFUR MAC	CAP 50MG	Select	Select		Not Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	ANORO ELLIPT	AER 62.5-25	Select	Select		Not Taking
	OXYCONTIN	TAB 30MG CR	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking

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	LINZESS	CAP 290MCG	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	LABETALOL	TAB 300MG	Select	Select		Taking
	ONDANSETRON	TAB 8MG	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	NARCAN	SPR	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	BACLOFEN	TAB 20MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	SUPREP BOWEL	SOL PREP KIT	Select	Select		Taking
	LOSARTAN POT	TAB 50MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	PROCHLORPER	TAB 10MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	OXYCODONE	TAB 30MG	Select	Select		Taking
	IMATINIB	TAB 100MG	Select	Select		Taking
	QUETIAPINE	TAB 300MG ER	Select	Select		Taking
	METOPROL	TAB 100MG	Select	Select		Taking
	AMITIZA	CAP 24MCG	Select	Select		Taking
	OXYCONTIN	TAB 30MG CR	Select	Select		Taking
	NITROFUR	CAP 50MG	Select	Select		Taking
	LOSARTAN	TAB 50MG	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	LINZESS	CAP 290MCG	Select	Select		Taking
	ANORO	AER 62.5-25	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	LABETALOL	TAB 300MG	Select	Select		Taking
	ONDANSETRON	TAB 8MG	Select	Select		Taking
	MOVANTIK	TAB 25MG	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking

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	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	NARCAN	SPR	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	BACLOFEN	TAB 20MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: **Caucasian**

Preferred language

Answer: **Other**

If other,

Answer: **Chinese**

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language **Other**

Comment :

If other,

Comment

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? **Completed 3rd grade**

Comment :

When you get written information at a doctor's office would you say it is? **Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself? **Not Very Confident**

Comment :

Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? **Sometimes**

Comment :

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Social service referral to further assess current living conditions.

Where do you currently live? **Other**

Comment :

Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? **Yes**

Comment :

Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? **No**

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **Need Some Help**

Refer patient for a physical therapy evaluation related to ADLs

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **Less than one block**

H. Going up or down stairs : **Need Some Help**

How many stairs can you climb : **None**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: **None**

Comment:

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Geneticist	rtgt	yhtj
Dermatologist	yhytj	ujuykk

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

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Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : 1

If one or more, describe

C. Stayed in the hospital overnight : 1

If one or more, describe

D. Been in a nursing home : 1

If one or more, describe

E. Had Surgery : 1

If one or more, describe

Have you ever been hospitalized prior to the last 12 months?

Answer: No

- 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	Yes
Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	No
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Don't Know

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Assessors Comments :