

CONFIDENTIAL INFORMATION

From :

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

To :

COLEMAN, PETER RICHARD
204 N Hamilton St Ste B
232212662

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

COLEMAN, PETER RICHARD
204 N Hamilton St Ste B
Richmond

COLEMAN, PETER RICHARD

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:

EMILY V LANEY
1987-03-03
11002515

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	: EMILY V LANEY	Age	: 35
Date of Birth	: 1987-03-03	Member ID	: 11002515
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 3230 PARK AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8042696378,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	35	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
	VYVANSE	CAP 50MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 5MG	Select	Select		Taking
	OXCARBAZEPIN	TAB 150MG	Select	Select		Taking
	BUPROPION	TAB 75MG	Select	Select		Taking
	PRENATE	CAP PIXIE	Select	Select		Taking
	LITHIUM CARB	TAB 300MG ER	Select	Select		Taking
	HALOPERIDOL	TAB 5MG	Select	Select		Taking
	AMPHET/DEXTR	CAP 30MG ER	Select	Select		Taking
	ARISTADA	INJ 662MG/2	Select	Select		Taking
	HALOPER DEC	INJ 100MG/ML	Select	Select		Taking
	RISPERIDONE	TAB 1MG	Select	Select		Taking
	LATUDA	TAB 40MG	Select	Select		Taking
	VALACYCLOVIR	TAB 500MG	Select	Select		Taking

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Email	:	Phno	: 8042696378,

	TRAZODONE	TAB 50MG	Select	Select		Taking
	ABILIFY MAIN	INJ 400MG	Select	Select		Taking
	MYDAYIS	CAP 25MG	Select	Select		Taking
	BENZTROPINE	TAB 1MG	Select	Select		Taking
	RISPERDAL	INJ 25MG	Select	Select		Taking
	QUETIAPINE	TAB 50MG	Select	Select		Taking
	QUETIAPINE	TAB 50MG	Select	Select		Taking
	PRENATE	CAP PIXIE	Select	Select		Taking
	VYVANSE	CAP 50MG	Select	Select		Taking
	ARIPRAZOLE	TAB 5MG	Select	Select		Taking
	OXCARBAZEPIN	TAB 150MG	Select	Select		Taking
	HALOPERIDOL	TAB 5MG	Select	Select		Taking
	BUPROPION	TAB 75MG	Select	Select		Taking
	LITHIUM	TAB 300MG ER	Select	Select		Taking
	ABILIFY	INJ 400MG	Select	Select		Taking
	ARISTADA	INJ 662MG/2	Select	Select		Taking
	AMPHET/DEXTR	CAP 30MG ER	Select	Select		Taking
	VALACYCLOVIR	TAB 500MG	Select	Select		Taking
	RISPERIDONE	TAB 1MG	Select	Select		Taking
	LATUDA	TAB 40MG	Select	Select		Taking
	HALOPER	INJ 100MG/ ML	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	BENZTROPINE	TAB 1MG	Select	Select		Taking
	RISPERDAL	INJ 25MG	Select	Select		Taking
	MYDAYIS	CAP 25MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: **Caucasian**

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 :