



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

MARCELIN, FITZGERALD  
702 N Main St  
Emporia, VA, 23847-1242

Dear Dr. MARCELIN, FITZGERALD

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:

FRANKIE GREENE JR  
11002531

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	: FRANKIE GREENE JR	Age	: 72
Date of Birth	: 1949-07-05	Member ID	: 11002531
Evaluator Name	: test	Date	:
Gender	: Male	Address	: 307 JONES MILLS RD,EMPORIA,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346373824,4346343219

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	72	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
	FLUTIC/SALME	AER 500/50	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Taking
	DALIRESP	TAB 500MCG	Select	Select		Taking
	METOPROL SUC	TAB 100MG ER	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	CILOSTAZOL	TAB 50MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	ISOSORB MONO	TAB 30MG ER	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking

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	DOXYCYCL HYC	CAP 100MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	ATORVASTATIN	TAB 80MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	LISINOP/HCTZ	TAB 20-25MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	OMEGA-3-ACID	CAP 1GM	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	ADVAIR DISKU	AER 500/50	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	COMBIVENT	AER 20-100	Select	Select		Taking
	DOXYCYC MONO	TAB 100MG	Select	Select		Taking
	CHOLESTYRAM	POW 4GM	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	SERTRALINE	TAB 25MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	FLUTIC/SALME	AER 500/50	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	DALIRESP	TAB 500MCG	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Taking
	DOXYCYCL	CAP 100MG	Select	Select		Taking
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	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	LISINOP/HCTZ	TAB 20-25MG	Select	Select		Taking
	ISOSORB	TAB 30MG ER	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking

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## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: African American

### - Preferred language

Answer:

## 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? : 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 :

- Social service referral to further assess social support infrastructure

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Do you have someone who can help if you are sick or have problems? : **No**

Comment :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

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## Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

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

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

C. Toileting : **Need Total Help**

D. Bathing : **No**

E. Dressing : **Need Some Help**

F. Eating : **Need Total Help**

G. Walking : **Need Some Help**

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

H. Going up or down stairs : **No**

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## Care management related to past medical history

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

Answer: Cane , Bedside Commode , Bed Pan

Are you currently seeing any specialists?

If no activities are checked as need some help or total help

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

B. Visited the Emergency Room : **None**

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

Answer:

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

Answer: **None**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: **No**

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-Have you lost weight in the past 6 months?

Answer:

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## 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	

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## Care management related to diagnoses and symptoms

Family History

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

Answer: **None**

Assessors Comments :