

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. HATTER, DENNIS L
24 Gloucester Rd
Stuarts Draft, VA, 244773321

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

HATTER, DENNIS L
24 Gloucester Rd
Stuarts Draft, VA, 24477-3321

Dear Dr. HATTER, DENNIS L

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 M LIPES JR
1964-10-25
11002569

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 M LIPES JR	Age	: 57
Date of Birth	: 1964-10-25	Member ID	: 11002569
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 116 CRIMORA MINES ROAD,CRIMORA,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5402800936,5406495480

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	57	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
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	HYDROXYZ PAM	CAP 25MG	Select	Select		Taking
	GABAPENTIN	CAP 400MG	Select	Select		Taking
	METOPROL SUC	TAB 25MG ER	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	PREDNISONE	TAB 50MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	HYDROXYZ	CAP 25MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	GABAPENTIN	CAP 400MG	Select	Select		Taking

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Email	:	Phno	: 5402800936,5406495480

	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	METOPROL	TAB 25MG ER	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	PREDNISONE	TAB 50MG	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: **Caucasian**

- 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? : **Completed 3rd grade**

Comment :

- Social service referral to further assess social support infrastructure

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

Comment :

- Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication? : **Yes**

Comment :

- Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? : **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

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A. Getting in or out of bed : No

C. Toileting : Need Some Help

E. Dressing : Need Some Help

F. Eating : Need Total Help

G. Walking : No

H. Going up or down stairs : No

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	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	

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Lipid Panel	
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Care management related to diagnoses and symptoms

Family History

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

Assessors Comments :