

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

BHOWMIK, NIHAR R  
301 Goode Way  
237042266

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

BHOWMIK, NIHAR R  
301 Goode Way  
Portsmouth

BHOWMIK, NIHAR R

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:

LINWOOD BAZEMORE JR  
1963-12-24  
11002700

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	: LINWOOD BAZEMORE JR	Age	: 58
Date of Birth	: 1963-12-24	Member ID	: 11002700
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1911 NASHVILLE AVE,PORTSMOUTH,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7575410170,7575505785

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	Patients Height		Patients Weight	
BMI					

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Yes	2020-12-15	L - No diabetic retinopathy; R - No diabetic retinopathy		
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Yes	2020-12-14	L: 1.13, R: 1.18 - Normal		
Peak Flow Meter	Select				

## Allergies

Answer:

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	TIZANIDINE	TAB 2MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	METOLAZONE	TAB 2.5MG	Select	Select		Taking
	IBUPROFEN	TAB 600MG	Select	Select		Taking
	JARDIANCE	TAB 10MG	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	TRULICITY	INJ 1.5/0.5	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
	RELION PEN	MIS 31GX8MM	Select	Select		Taking

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 Marital Status : Single  
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	SOFOS/VELPAT	TAB 400-100	Select	Select		Taking
	VICTOZA	INJ 18MG/3ML	Select	Select		Taking
	TIAGABINE	TAB 4MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking
	PREDNISONE	PAK 10MG	Select	Select		Taking
	INDAPAMIDE	TAB 2.5MG	Select	Select		Taking
	PIOGLITAZONE	TAB 30MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	DULOXETINE	CAP 30MG	Select	Select		Taking
	LANTUS SOLOS	INJ 100/ML	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	TOPIRAMATE	TAB 25MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	LIDOCAINE	PAD 0.05	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	DIAZEPAM	TAB 5MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	VICTOZA	INJ 18MG/3ML	Select	Select		Taking
	IBUPROFEN	TAB 600MG	Select	Select		Taking
	TIZANIDINE	TAB 2MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	TRULICITY	INJ 1.5/0.5	Select	Select		Taking
	JARDIANCE	TAB 10MG	Select	Select		Taking
	METOLAZONE	TAB 2.5MG	Select	Select		Taking
	RELION	MIS 31GX8MM	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	SOFOS/VELPAT	TAB 400-100	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
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	DIAZEPAM	TAB 5MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	LIDOCAINE	PAD 0.05	Select	Select		Taking
	TOPIRAMATE	TAB 25MG	Select	Select		Taking

## 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

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:

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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:

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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

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

Answer:

Assessors Comments :