



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

HUOT, RACHEL
1508 K V Rd
Victoria, VA, 239742624

Dear Dr. HUOT, RACHEL

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:

DORIS V ELDRIDGE
1936-11-19
11002723

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	: DORIS V ELDRIDGE	Age	: 84
Date of Birth	: 1936-11-19	Member ID	: 11002723
Evaluator Name	: test	Date	:
Gender	: Female	Address	: 62 NORTH GOLDHILL VILLAGE,NEW CANTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4345811134,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	84	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
	ALLOPURINOL	TAB 100MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Taking
	BUMETANIDE	TAB 1MG	Select	Select		Taking
	NOVOLOG	INJ 100/ML	Select	Select		Taking
	RANITIDINE	TAB 150MG	Select	Select		Taking
	LISINOPRIL	TAB 40MG	Select	Select		Taking
	SIMVASTATIN	TAB 40MG	Select	Select		Taking
	SEVELAMER	TAB 800MG	Select	Select		Taking
	INSULIN SYRG	MIS 1ML/31G	Select	Select		Taking
	CONTOUR	TES BLD GLUC	Select	Select		Taking
	FLUOCINONIDE	OIN 0.0005	Select	Select		Taking

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	CALCITRIOL	CAP 0.25MCG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	BAYER MICRLT	MIS LANC DVC	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	CEPHALEXIN	CAP 250MG	Select	Select		Taking
	HYDRALAZINE	TAB 100MG	Select	Select		Taking
	NIZATIDINE	CAP 150MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 250MG	Select	Select		Taking
	ALLOPURINOL	TAB 100MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Taking
	RANITIDINE	TAB 150MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	BUMETANIDE	TAB 1MG	Select	Select		Taking
	NOVOLOG	INJ 100/ML	Select	Select		Taking
	INSULIN	MIS 1ML/31G	Select	Select		Taking
	SIMVASTATIN	TAB 40MG	Select	Select		Taking
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	BAYER	MIS LANC DVC	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 250MG	Select	Select		Taking
	NIZATIDINE	CAP 150MG	Select	Select		Taking
	FLUOCINONIDE	OIN 0.0005	Select	Select		Taking
	CALCITRIOL	CAP 0.25MCG	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	HYDRALAZINE	TAB 100MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

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- Race

Answer: **African American**

- Preferred language

Answer: **English**

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:

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: **No**

-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	

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :