



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

HAHESY-CALHOUN, MARIAN A  
165 Legrande Ave  
Charlotte Court House, VA, 239233747

Dear Dr. HAHESY-CALHOUN, MARIAN A

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:

ANNIE COLEMAN  
1930-11-18  
11002751

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           | : ANNIE COLEMAN | Age            | : 90                         |
| Date of Birth  | : 1930-11-18    | Member ID      | : 11002751                   |
| Evaluator Name | : test          | Date           | :                            |
| Gender         | : Female        | Address        | : 8482 PLANK RD,KENBRIDGE,VA |
| Lob            | : DSNP          | Marital Status | : Single                     |
| Email          | :               | Phno           | : 4343267144,4346761388      |

## Your Vital Signs

|                |    |                 |     |                  |  |
|----------------|----|-----------------|-----|------------------|--|
| Blood Pressure |    | Pulse           | bpm | Respiratory Rate |  |
| Temp           |    | Pulse Oximetry  |     | Pain Scale /10   |  |
| Age            | 90 | 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 |
|-----------|--------------|--------------|--------|-----------|-----------------------|--------|
|           | HYDROCO/APAP | TAB 5-325MG  | Select | Select    |                       | Taking |
|           | PANTOPRAZOLE | TAB 40MG     | Select | Select    |                       | Taking |
|           | TOLTERODINE  | CAP 4MG ER   | Select | Select    |                       | Taking |
|           | AMLODIPINE   | TAB 5MG      | Select | Select    |                       | Taking |
|           | METOPROL SUC | TAB 50MG ER  | Select | Select    |                       | Taking |
|           | GABAPENTIN   | CAP 100MG    | Select | Select    |                       | Taking |
|           | FLUTICASONE  | SPR 50MCG    | Select | Select    |                       | Taking |
|           | CEPHALEXIN   | CAP 500MG    | Select | Select    |                       | Taking |
|           | MEGESTROL AC | TAB 40MG     | Select | Select    |                       | Taking |
|           | CIPROFLOXACN | TAB 500MG    | Select | Select    |                       | Taking |
|           | TRIAMCINOLON | CRE 0.001    | Select | Select    |                       | Taking |
|           | MELOXICAM    | TAB 7.5MG    | Select | Select    |                       | Taking |
|           | PANTOPRAZOLE | TAB 40MG     | Select | Select    |                       | Taking |
|           | TOLTERODINE  | CAP 4MG ER   | Select | Select    |                       | Taking |

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|  |              |             |        |        |  |        |
|--|--------------|-------------|--------|--------|--|--------|
|  | AMOX/K       | TAB 875-125 | Select | Select |  | Taking |
|  | AMLODIPINE   | TAB 5MG     | Select | Select |  | Taking |
|  | HYDROCO/APAP | TAB 5-325MG | Select | Select |  | Taking |
|  | METOPROL     | TAB 50MG ER | Select | Select |  | Taking |
|  | FLUTICASONE  | SPR 50MCG   | Select | Select |  | Taking |
|  | TRAMADOL     | TAB 50MG    | Select | Select |  | Taking |
|  | GABAPENTIN   | CAP 100MG   | Select | Select |  | Taking |
|  | SUCRALFATE   | TAB 1GM     | Select | Select |  | Taking |
|  | MELOXICAM    | TAB 7.5MG   | Select | Select |  | Taking |

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: **Other**

Describe

Answer: **No Ethnicity**

### - 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.

When you get written information at a doctor's office would you say it is? : **Somewhat difficult**

Comment :

When you read the instructions on a prescription bottle would you say that it is? : **Somewhat difficult**

Comment :

## Care management related to patient's activity levels

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

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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:

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 |        |
| Lipid Panel                |        |

## Care management related to diagnoses and symptoms

Family History

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

Answer:

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Assessors Comments :