

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BELL, VICTOR HOLLOWAY  
3716 Melrose Ave NW  
Roanoke, VA, 240172716

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500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

BELL, VICTOR HOLLOWAY  
3716 Melrose Ave NW  
Roanoke, VA, 240172716

Dear Dr. BELL, VICTOR HOLLOWAY

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:

LAURENT J PERRIER  
1975-06-15  
11002775

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	: LAURENT J PERRIER	Age	: 46
Date of Birth	: 1975-06-15	Member ID	: 11002775
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 5300 HAWTHORNE RD,ROANOKE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5409154050,5404937384

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	46	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: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PENTOXIFYLLI	TAB 400MG ER	Select	Select		Taking
	BUSPIRONE	TAB 15MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	HYDROCHLOROT	TAB 12.5MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 20MG	Select	Select		Taking
	ESCITALOPRAM	TAB 20MG	Select	Select		Taking
	OSELTAMIVIR	CAP 75MG	Select	Select		Taking
	FLOVENT DISK	AER 50MCG	Select	Select		Taking
	JANUVIA	TAB 50MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	VICTOZA	INJ 18MG/3ML	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking

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	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	PRAVASTATIN	TAB 20MG	Select	Select		Taking
	OXCARBAZEPIN	TAB 150MG	Select	Select		Taking
	HYDROXYZ PAM	CAP 25MG	Select	Select		Taking
	NAPROXEN	TAB 500MG	Select	Select		Taking
	ONETOUCH	TES ULTRA BL	Select	Select		Taking
	QUETIAPINE	TAB 50MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	TIZANIDINE	TAB 2MG	Select	Select		Taking
	TRINTELLIX	TAB 20MG	Select	Select		Taking
	FLUOROURACIL	SOL 0.02	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	ALPRAZOLAM	TAB 1MG	Select	Select		Taking
	FLUVOXAMINE	TAB 50MG	Select	Select		Taking
	FLUARIX QUAD	INJ 2020-21	Select	Select		Taking
	LOPERAMIDE	CAP 2MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	PENTOXIFYLLI	TAB 400MG ER	Select	Select		Taking
	ESCITALOPRAM	TAB 20MG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	JANUVIA	TAB 50MG	Select	Select		Taking
	HYDROCHLOROT	TAB 12.5MG	Select	Select		Taking
	BUSPIRONE	TAB 15MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 20MG	Select	Select		Taking
	PRAVASTATIN	TAB 20MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	OSELTAMIVIR	CAP 75MG	Select	Select		Taking
	FLOVENT	AER 50MCG	Select	Select		Taking
	OXCARBAZEPIN	TAB 150MG	Select	Select		Taking
	VICTOZA	INJ 18MG/3ML	Select	Select		Taking
	TIZANIDINE	TAB 2MG	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking
	HYDROXYZ	CAP 50MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	NAPROXEN	TAB 500MG	Select	Select		Taking

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	ONETOUCH	TES ULTRA BL	Select	Select		Taking
	QUETIAPINE	TAB 50MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	FLUVOXAMINE	TAB 50MG	Select	Select		Taking
	FLUARIX	INJ 2020-21	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	LOPERAMIDE	CAP 2MG	Select	Select		Taking
	TRINTELLIX	TAB 20MG	Select	Select		Taking
	ALPRAZOLAM	TAB 1MG	Select	Select		Taking
	FLUOROURACIL	SOL 0.02	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## 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? : **Very 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? : **Often**

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 :

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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 : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

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: None

Comment:

Are you currently seeing any specialists?

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

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

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

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **None**

- 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	

## Care management related to diagnoses and symptoms

### Family History

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

Answer:

Assessors Comments :