

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. IRBY, SUSAN
13205 Booker T Washington Hwy
Hardy, VA, 241013947

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

IRBY, SUSAN
13205 Booker T Washington Hwy
Hardy, VA, 241013947

Dear Dr. IRBY, SUSAN

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:

PATSY T CHEEK
1952-10-14
11003219

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	: PATSY T CHEEK	Age	: 69
Date of Birth	: 1952-10-14	Member ID	: 11003219
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1641 MALLARD POINT RD,WIRTZ,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2762528805,5406216552

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	69	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
	OXYCOD/APAP	TAB 10-325MG	Select	Select		Taking
	ESCITALOPRAM	TAB 20MG	Select	Select		Taking
	OXYCODONE	TAB 15MG	Select	Select		Taking
	LISINOPRIL	TAB 5MG	Select	Select		Taking
	ROSUVASTATIN	TAB 10MG	Select	Select		Taking
	AZELASTINE	SPR 0.001	Select	Select		Taking
	PROAIR RESPI	AER	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	SMZ/TMP DS	TAB 800-160	Select	Select		Taking
	DUREZOL	EMU 0.0005	Select	Select		Taking

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	SHINGRIX	INJ 50MCG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	BESIVANCE	SUS 0.006	Select	Select		Taking
	PROLENSA	SOL 0.0007	Select	Select		Taking
	TRIAMCINOLON	CRE 0.005	Select	Select		Taking
	FLUCLVX QUAD	INJ 2020-21	Select	Select		Taking
	CLINDAMYCIN	CAP 150MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	ROSUVASTATIN	TAB 10MG	Select	Select		Taking
	LISINOPRIL	TAB 5MG	Select	Select		Taking
	ESCITALOPRAM	TAB 20MG	Select	Select		Taking
	AZELASTINE	SPR 0.001	Select	Select		Taking
	OXYCODONE	TAB 15MG	Select	Select		Taking
	OXYCOD/APAP	TAB 10-325MG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	CLINDAMYCIN	CAP 150MG	Select	Select		Taking
	SHINGRIX	INJ 50MCG	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	SMZ/TMP	TAB 800-160	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	DOXYCYCL	CAP 100MG	Select	Select		Taking
	BESIVANCE	SUS 0.006	Select	Select		Taking
	DUREZOL	EMU 0.0005	Select	Select		Taking
	PROLENSA	SOL 0.0007	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	FLUCLVX	INJ 2020-21	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: **Caucasian**

- Preferred language

Answer:

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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 :

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:

-Have you lost weight in the past 6 months?

Answer:

Care management related to preventive care

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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 :