

CONFIDENTIAL INFORMATION

From :

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

To :

HARMAN, NICHOLAS
495 E Main St
242664617

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

HARMAN, NICHOLAS
495 E Main St
Lebanon

HARMAN, NICHOLAS

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:

PRISCILLA A HARVEY
1966-12-30
11003668

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 : PRISCILLA A HARVEY
Date of Birth : 1966-12-30
Evaluator Name : undefined
Gender : Male
Lob : DSNP
Email : abc

Age : 55
Member ID : 11003668
Date : undefined
Address : 190 GRIFFITH DRIVE,CASTLEWOOD,VA
Marital Status : Single
Phno : 2764559535,

Your Vital Signs

| | | | | | |
|----------------|----|-----------------|-----|------------------|--|
| Blood Pressure | | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 55 | Patients Height | | Patients Weight | |
| BMI | | | | | |

Your Screenings

| Screening Name | Screening Completed | Exam Date | Screening Result | Diagnosis | Comments |
|----------------------|---------------------|------------|------------------|-----------|----------|
| DIGITAL_RETINAL_EXAM | Select | 2021-11-12 | | | |
| HBA1C | Select | 2020-11-05 | | | |
| 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 |
|-----------|--------------|--------------|--------|-----------|-----------------------|--------|
| | QUETIAPINE | TAB 300MG | Select | Select | | Taking |
| | TRAZODONE | TAB 100MG | Select | Select | | Taking |
| | DIVALPROEX | TAB 500MG ER | Select | Select | | Taking |
| | LEVOTHYROXIN | TAB 88MCG | Select | Select | | Taking |
| | SERTRALINE | TAB 100MG | Select | Select | | Taking |
| | GLIPIZIDE | TAB 5MG | Select | Select | | Taking |
| | MECLIZINE | TAB 25MG | Select | Select | | Taking |
| | DEPAKOTE ER | TAB 500MG | Select | Select | | Taking |
| | SCOPOLAMINE | DIS 1MG/3DAY | Select | Select | | Taking |
| | SIMVASTATIN | TAB 20MG | Select | Select | | Taking |
| | PROMETHAZINE | TAB 12.5MG | Select | Select | | Taking |
| | PIOGLITAZONE | TAB 15MG | Select | Select | | Taking |
| | NAPROXEN | TAB 500MG | Select | Select | | Taking |

Patient Assessment Summary

| | | | |
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| Date of Birth | : 1966-12-30 | Member ID | : 11003668 |
| Evaluator Name | : undefined | Date | : undefined |
| Gender | : Male | Address | : 190 GRIFFITH DRIVE,CASTLEWOOD,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : abc | Phno | : 2764559535, |

| | | | | | | |
|--|--------------|--------------|--------|--------|--|--------|
| | CLONAZEPAM | TAB 1MG | Select | Select | | Taking |
| | TRANSDERM-SC | DIS 1MG/3DAY | Select | Select | | Taking |
| | POT CL MICRO | TAB 20MEQ ER | Select | Select | | Taking |
| | HYDROCO/APAP | TAB 5-325MG | Select | Select | | Taking |
| | METFORMIN | TAB 1000MG | Select | Select | | Taking |
| | TRUE METRIX | TES GLUCOSE | Select | Select | | Taking |
| | FUROSEMIDE | TAB 20MG | Select | Select | | Taking |
| | AMOX/K CLAV | TAB 875-125 | Select | Select | | Taking |
| | FLUCONAZOLE | TAB 150MG | Select | Select | | Taking |
| | CEPHALEXIN | CAP 500MG | Select | Select | | Taking |
| | IBUPROFEN | TAB 800MG | Select | Select | | Taking |
| | CYCLOBENZAPR | TAB 10MG | Select | Select | | Taking |
| | PANTOPRAZOLE | TAB 40MG | Select | Select | | Taking |
| | TAMSULOSIN | CAP 0.4MG | Select | Select | | Taking |
| | LACTULOSE | SOL 10GM/15 | Select | Select | | Taking |
| | NYAMYC | POW 100000 | Select | Select | | Taking |
| | CLINDAMYCIN | CAP 300MG | Select | Select | | Taking |
| | DEPAKOTE | TAB 500MG | Select | Select | | Taking |
| | DIVALPROEX | TAB 500MG ER | Select | Select | | Taking |
| | QUETIAPINE | TAB 100MG | Select | Select | | Taking |
| | TRAZODONE | TAB 100MG | Select | Select | | Taking |
| | SIMVASTATIN | TAB 40MG | Select | Select | | Taking |
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| | GLIPIZIDE | TAB 5MG | Select | Select | | Taking |
| | TRUE | TES GLUCOSE | Select | Select | | Taking |
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| | METFORMIN | TAB 1000MG | Select | Select | | Taking |
| | POT CL MICRO | TAB 20MEQ ER | Select | Select | | Taking |
| | NAPROXEN | TAB 500MG | Select | Select | | Taking |
| | CLONAZEPAM | TAB 1MG | Select | Select | | Taking |

Patient Assessment Summary

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Evaluator Name : undefined Date : undefined
Gender : Male Address : 190 GRIFFITH DRIVE,CASTLEWOOD,VA
Lob : DSNP Marital Status : Single
Email : abc Phno : 2764559535,

| | | | | | | |
|--|--------------|-------------|--------|--------|--|--------|
| | NYAMYC | POW 100000 | Select | Select | | Taking |
| | HYDROCO/APAP | TAB 5-325MG | Select | Select | | Taking |
| | TAMSULOSIN | CAP 0.4MG | Select | Select | | Taking |
| | IBUPROFEN | TAB 800MG | Select | Select | | Taking |
| | AMOX/K | TAB 875-125 | Select | Select | | Taking |
| | CYCLOBENZAPR | TAB 10MG | Select | Select | | Taking |
| | NYSTATIN | SUS 100000 | Select | Select | | Taking |
| | MUPIROCIN | OIN 0.02 | Select | Select | | Taking |
| | LACTULOSE | SOL 10GM/15 | Select | Select | | Taking |
| | CLINDAMYCIN | CAP 300MG | Select | Select | | Taking |
| | CEPHALEXIN | CAP 500MG | Select | Select | | Taking |
| | FLUCONAZOLE | TAB 150MG | Select | Select | | Taking |

Over the Counter Medications / Supplements

Answer:

Race

Answer: **Caucasian**

Preferred language

Answer: **Other**

If other,

Answer: African languages

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language **Other**

Comment :

If other,

Comment

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? **Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself? **Not at All Confident**

Patient Assessment Summary

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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

Who do you currently live with?**Alone**

Comment :

Do you have someone who can help if you are sick or have problems?**Yes**

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: **No**

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 |
|--------|--------|
|--------|--------|

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| | |
|----------------------------|--|
| 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 :