

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. BALA, RISHI K
2401 W Leigh St Ste 200
Richmond, VA, 232201328

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

BALA, RISHI K
2401 W Leigh St Ste 200
Richmond, VA, 232201328

Dear Dr. BALA, RISHI K

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:

TANIESHA L DAVIS
1979-05-01
11003835

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	: TANIESHA L DAVIS	Age	: 42
Date of Birth	: 1979-05-01	Member ID	: 11003835
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 920 E 16TH STREET,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8045024861,8046297849

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	42	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
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	TOPIRAMATE	TAB 25MG	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
	LOSARTAN POT	TAB 100MG	Select	Select		Taking
	TRAZODONE	TAB 100MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	LISINAPRIL	TAB 20MG	Select	Select		Taking
	BUSPIRONE	TAB 30MG	Select	Select		Taking
	DIVALPROEX	TAB 500MG DR	Select	Select		Taking
	ZOLPIDEM	TAB 5MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking

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	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	ESCITALOPRAM	TAB 10MG	Select	Select		Taking
	AMLOD/BENAZP	CAP 10-40MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	DOXEPIN HCL	CAP 25MG	Select	Select		Taking
	BUT/APAP/CAF	TAB	Select	Select		Taking
	FLOVENT HFA	AER 110MCG	Select	Select		Taking
	QUETIAPINE	TAB 400MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	LOSARTAN	TAB 100MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	DIVALPROEX	TAB 500MG DR	Select	Select		Taking
	BUSPIRONE	TAB 10MG	Select	Select		Taking
	TRAZODONE	TAB 100MG	Select	Select		Taking
	TOPIRAMATE	TAB 25MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking
	ZOLPIDEM	TAB 5MG	Select	Select		Taking
	ESCITALOPRAM	TAB 20MG	Select	Select		Taking
	AMLOD/BENAZP	CAP 10-40MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	DOXEPIN	CAP 25MG	Select	Select		Taking
	QUETIAPINE	TAB 400MG	Select	Select		Taking
	BUT/APAP/CAF	TAB	Select	Select		Taking
	FLOVENT	AER 110MCG	Select	Select		Taking

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Over the Counter Medications / Supplements

Answer:

- Race

Answer: **African American**

- Preferred language

Answer: **Other**

If other,

Answer: Persian

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, : Persian

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? : **Completed 3rd grade**

Comment : **third grade**

- 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 :

- Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Currently a caregiver for someone : **Yes**

Comment :

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 : **Need Some Help**

C. Toileting : **Need Total Help**

D. Bathing : **No**

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E. Dressing : **Need Some Help**

F. Eating : **Need Total Help**

G. Walking : **No**

H. Going up or down stairs : **Need Total Help**

How many stairs can you climb : **Six to ten**

Comment: only able to climb

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	

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Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :