

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

LANIGAN, KERRY C  
24 Gloucester Rd  
244773321

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LANIGAN, KERRY C  
24 Gloucester Rd  
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LANIGAN, KERRY C

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:

WESLEY THOMPSON  
1957-12-12  
11003864

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	: WESLEY THOMPSON	Age	: 64
Date of Birth	: 1957-12-12	Member ID	: 11003864
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 31 OAKLAND CIRCLE LOT 29,CRIMORA,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5409433556,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	64	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
	ELIQUIS	TAB 5MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	OSELTAMIVIR	CAP 30MG	Select	Select		Taking
	DOXYCYCL HYC	CAP 100MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	SMZ/TMP DS	TAB 800-160	Select	Select		Taking
	ENOXAPARIN	INJ 60/0.6ML	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	BUDES/FORMOT	AER 160-4.5	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	HYDROMORPHON	TAB 2MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	DIAZEPAM	TAB 2MG	Select	Select		Taking

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	MONTELUKAST	TAB 10MG	Select	Select		Taking
	SMZ-TMP	SUS 200-40/5	Select	Select		Taking
	LEVALBUTEROL	NEB 1.25MG	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking
	OFLOXACIN	DRO 0.3% OP	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	TRELEGY	AER ELLIPTA	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	OSELTAMIVIR	CAP 30MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	DOXYCYCL	CAP 100MG	Select	Select		Taking
	SMZ-TMP	SUS 200-40/5	Select	Select		Taking
	SMZ/TMP	TAB 800-160	Select	Select		Taking
	ENOXAPARIN	INJ 60/0.6ML	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	TRELEGY	AER ELLIPTA	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	BUDES/FORMOT	AER 160-4.5	Select	Select		Taking
	OFLOXACIN	DRO 0.3% OP	Select	Select		Taking
	LEVALBUTEROL	NEB 1.25MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	HYDROMORPHON	TAB 2MG	Select	Select		Taking
	DIAZEPAM	TAB 2MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: **Caucasian**

### Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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## 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?**Completed 3rd grade**

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?**Sometimes**

Comment :

Social service referral to further assess current living conditions.

Where do you currently live?**Nursing Home**

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

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:

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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	Yes
Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	No
If Diabetic Foot Exam	Don't Know
If Diabetic Hgb A1c screen	Yes
Lipid Panel	Not Applicable

## Care management related to diagnoses and symptoms

### Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	rgthy	yuti
Mother	yukiyu	yjuy

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

Answer:

Assessors Comments :