

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

GUEDES DE MORAIS, AMANDA  
22 N Medical Park Dr  
229392344

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

GUEDES DE MORAIS, AMANDA  
22 N Medical Park Dr  
Fishersville

GUEDES DE MORAIS, AMANDA

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:

CAMILLA M PREECE  
1958-04-15  
11004314

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	: CAMILLA M PREECE	Age	: 63
Date of Birth	: 1958-04-15	Member ID	: 11004314
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 30 LANDINGS LANE,WEYERS CAVE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5402808614,5402922751

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	63	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
	ADVAIR DISKU	AER 250/50	Select	Select		Taking
	LISINAPRIL	TAB 2.5MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	METOPROLOL SUC	TAB 50MG ER	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	LACTULOSE	SOL 10GM/15	Select	Select		Taking
	ALENDRONATE	TAB 70MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	FLUZONE QUAD	INJ 2019-20	Select	Select		Taking
	AMIODARONE	TAB 200MG	Select	Select		Taking
	DIGOXIN	TAB 0.125MG	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	ADVAIR	AER 250/50	Select	Select		Taking

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Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5402808614,5402922751

	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	LISINOPRIL	TAB 2.5MG	Select	Select		Taking
	LACTULOSE	SOL 10GM/15	Select	Select		Taking
	ALENDRONATE	TAB 70MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	METOPROL	TAB 50MG ER	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	FLUZONE	INJ 2019-20	Select	Select		Taking
	AMIODARONE	TAB 200MG	Select	Select		Taking
	DIGOXIN	TAB 0.125MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: **Caucasian**

### Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

## Care management related to self - assessment and psychosocial behaviors

None

## 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)

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Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5402808614,5402922751

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	

## Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :