



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

HAITHCOCK, RODERICK E
505 W Leigh St
Richmond, VA, 23220-3239

Dear Dr. HAITHCOCK, RODERICK E

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:

CAROLYN RICHARDSON
1956-09-04
11004937

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.

If you have any questions or if you want to set up an In-Home Health Review, please call us at <1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm>.

Sincerely,

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name : CAROLYN RICHARDSON
Date of Birth : 1956-09-04
Evaluator Name : undefined
Gender : Female
Lob : DSNP
Email :

Age : 65
Member ID : 11004937
Date : undefined
Address : 3937 CHAMBERLAYNE AVE,RICHMOND,VA
Marital Status : Single
Phno : 8044392945,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	65	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
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	PRAVASTATIN	TAB 40MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	METOPROL SUC	TAB 50MG ER	Select	Select		Taking
	SYMBICORT	AER 160-4.5	Select	Select		Taking
	METFORMIN HCL	ER ORAL TAB	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	LOSARTAN POT	TAB 100MG	Select	Select		Taking
	BUDES/FORMOT	AER 160-4.5	Select	Select		Taking
	JANUVIA	TAB 100MG	Select	Select		Taking

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Email	:	Phno	: 8044392945,

	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	METFORMIN	TAB 500MG ER	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	FLUTIC/SALME	AER 250/50	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	METOPROL TAR	TAB 50MG	Select	Select		Taking
	DOXYCYC MONO	TAB 100MG	Select	Select		Taking
	LANTUS SOLOS	INJ 100/ML	Select	Select		Taking
	DOXYCYCL HYC	TAB 100MG	Select	Select		Taking
	METHOCARBAM	TAB 750MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	PRAVASTATIN	TAB 40MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	BUDES/FORMOT	AER 160-4.5	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	METOPROL	TAB 50MG ER	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	LOSARTAN	TAB 100MG	Select	Select		Taking
	SYMBICORT	AER 160-4.5	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	METFORMIN	ER ORAL TAB	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	JANUVIA	TAB 100MG	Select	Select		Taking
	FLUTIC/SALME	AER 250/50	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	DOXYCYCL	TAB 100MG	Select	Select		Taking
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	DOXYCYC	TAB 100MG	Select	Select		Taking
	METHOCARBAM	TAB 750MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

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- Race

Answer: **African American**

- Preferred language

Answer:

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 :

When you read the instructions on a prescription bottle would you say that 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

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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 :