

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. TU, PRISCILLA  
2145 Mount Pleasant Blvd Se  
Roanoke, VA, 240143632

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

TU, PRISCILLA  
2145 Mount Pleasant Blvd Se  
Roanoke, VA, 240143632

Dear Dr. TU, PRISCILLA

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:

**MICHAEL A ROBINSON**  
**1968-05-09**  
**11004968**

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 : MICHAEL A ROBINSON  
Date of Birth : 1968-05-09  
Evaluator Name : undefined  
Gender : Male  
Lob : DSNP  
Email :

Age : 53  
Member ID : 11004968  
Date : undefined  
Address : 1416 MORNINGSIDE ST SE,ROANOKE,VA  
Marital Status : Single  
Phno : 5403883176,5407937634

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	53	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
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	ATORVASTATIN	TAB 80MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	DICLOFENAC	TAB 100MG ER	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	METHOCARBAM	TAB 750MG	Select	Select		Taking
	LISINOPRIL	TAB 40MG	Select	Select		Taking
	ATENOLOL	TAB 50MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	CELECOXIB	CAP 100MG	Select	Select		Taking
	TRIAMCINOLON	OIN 0.001	Select	Select		Taking

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Gender : Male Address : 1416 MORNINGSIDE ST SE,ROANOKE,VA  
Lob : DSNP Marital Status : Single  
Email : Phno : 5403883176,5407937634

	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	KETOROLAC	TAB 10MG	Select	Select		Taking
	METHOCARBAM	TAB 750MG	Select	Select		Taking
	CELECOXIB	CAP 100MG	Select	Select		Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	DICLOFENAC	TAB 100MG ER	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	TRIAMCINOLON	OIN 0.001	Select	Select		Taking
	ATORVASTATIN	TAB 80MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	ATENOLOL	TAB 50MG	Select	Select		Taking
	LISINOPRIL	TAB 40MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## 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? : **Somewhat difficult**

Comment :

When you read the instructions on a prescription bottle would you say that it is? : **Very difficult**

Comment :

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

Comment :

# Patient Assessment Summary

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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:

-Have you lost weight in the past 6 months?

Answer:

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## 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	

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Lipid Panel	
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## Care management related to diagnoses and symptoms

### Family History

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

Assessors Comments :