

CONFIDENTIAL INFORMATION

From :

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

To :

ATIENZA, VERGEL S
390 S Main St Ste 201
241511767

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is **STRICTLY** prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is **NOT** sufficient for this purpose. State law prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is **NOT** sufficient for this purpose.



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

ATIENZA, VERGEL S
390 S Main St Ste 201
Rocky Mount

ATIENZA, VERGEL S

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:

CRYSTAL OVERSTREET
1970-09-24
11005282

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 : CRYSTAL OVERSTREET
Date of Birth : 1970-09-24
Evaluator Name : undefined
Gender : Female
Lob : DSNP
Email :

Age : 51
Member ID : 11005282
Date : undefined
Address : 270 RIVERVIEW ST EAST, ROCKY MOUNT, VA
Marital Status : Single
Phno : 5404885217,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	51	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select	2021-12-21	test 1		
MICROALBUMIN	Select	2021-11-24	test 2		
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select	2021-12-22	test 3		

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	ONETOUCH	TES VERIO	Select	Select		Taking
	METOCLOPRAM	TAB 10MG	Select	Select		Taking
	JARDIANCE	TAB 10MG	Select	Select		Taking
	GABAPENTIN	TAB 800MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	LEVEMIR	INJ FLEXTOUCH	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	NAPROXEN	TAB 500MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking

Patient Assessment Summary

Name : CRYSTAL OVERSTREET
 Date of Birth : 1970-09-24
 Evaluator Name : undefined
 Gender : Female
 Lob : DSNP
 Email :

Age : 51
 Member ID : 11005282
 Date : undefined
 Address : 270 RIVERVEIW ST EAST, ROCKY MOUNT, VA
 Marital Status : Single
 Phno : 5404885217,

	POT CHLORIDE	TAB 10MEQ ER	Select	Select		Taking
	DICLOFENAC	TAB 50MG DR	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	FREESTYLE	KIT SENSOR	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	OXYBUTYNIN	TAB 10MG ER	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	ACCU-CHEK	TES AVIVA PL	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	LANTUS SOLOS	INJ 100/ML	Select	Select		Taking
	ROSUVASTATIN	TAB 40MG	Select	Select		Taking
	DOXYCYCL HYC	CAP 100MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	AFLURIA QUAD	INJ 2020-21	Select	Select		Taking
	NARATRIPTAN	TAB 2.5MG	Select	Select		Taking
	LOSARTAN POT	TAB 100MG	Select	Select		Taking
	STIOLTO	AER 2.5-2.5	Select	Select		Taking
	LIDOCAINE	SOL 2% VISC	Select	Select		Taking
	CARVEDILOL	TAB 25MG	Select	Select		Taking
	QUETIAPINE	TAB 100MG	Select	Select		Taking
	OZEMPIC	INJ 2/1.5ML	Select	Select		Taking
	ISOSORB MONO	TAB 30MG ER	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	UNIFINE PNTF	MIS 31GX8MM	Select	Select		Taking
	KETOSTIX	TES STRIP	Select	Select		Taking
	BUDES/FORMOT	AER 80-4.5	Select	Select		Taking
	LANSOPRAZOLE	TAB 15MG	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	SYMBICORT	AER 160-4.5	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	AMITRIPTYLIN	TAB 50MG	Select	Select		Taking
	PRED SOD PHO	SOL 5MG/5ML	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking

Patient Assessment Summary

Name : CRYSTAL OVERSTREET
 Date of Birth : 1970-09-24
 Evaluator Name : undefined
 Gender : Female
 Lob : DSNP
 Email :

Age : 51
 Member ID : 11005282
 Date : undefined
 Address : 270 RIVERVEIW ST EAST, ROCKY MOUNT, VA
 Marital Status : Single
 Phno : 5404885217,

	DOXEPIN HCL	CAP 10MG	Select	Select		Taking
	INSULIN LISP	INJ 100/ML	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	PROMETHAZINE	SUP 25MG	Select	Select		Taking
	KLOR-CON 10	TAB 10MEQ ER	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	CARAFATE	SUS 1GM/10ML	Select	Select		Taking
	INSULIN ASPA	INJ FLEXPEN	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	DICYCLOMINE	SOL 10MG/5ML	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	CONTOUR	KIT NEXT	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	HUMALOG KWIK	INJ 100/ML	Select	Select		Taking
	PEN NEEDLES	MIS 31GX8MM	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking
	NYSTATIN	POW 100000	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG DR	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	DILTIAZEM	CAP 240MG ER	Select	Select		Taking
	METOCLOPRAM	TAB 10MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	LEVEMIR	INJ FLEXTouc	Select	Select		Taking
	POT CHLORIDE	TAB 10MEQ ER	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	GABAPENTIN	TAB 800MG	Select	Select		Taking
	DICLOFENAC	TAB 50MG DR	Select	Select		Taking

Patient Assessment Summary

Name : CRYSTAL OVERSTREET
 Date of Birth : 1970-09-24
 Evaluator Name : undefined
 Gender : Female
 Lob : DSNP
 Email :

Age : 51
 Member ID : 11005282
 Date : undefined
 Address : 270 RIVERVEIW ST EAST, ROCKY MOUNT, VA
 Marital Status : Single
 Phno : 5404885217,

	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	JARDIANCE	TAB 10MG	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	ONETOUCH	TES VERIO	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	NAPROXEN	TAB 500MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	OXYBUTYNIN	TAB 10MG ER	Select	Select		Taking
	FREESTYLE KIT SENSOR	KIT SENSOR	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	OZEMPIC	INJ 2/1.5ML	Select	Select		Taking
	AFLURIA	INJ 2020-21	Select	Select		Taking
	LOSARTAN	TAB 100MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	ACCU-CHEK	TES AVIVA PL	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	ROSUVASTATIN	TAB 40MG	Select	Select		Taking
	DOXYCYCL	CAP 100MG	Select	Select		Taking
	STIOLTO	AER 2.5-2.5	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	QUETIAPINE	TAB 100MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	CARVEDILOL	TAB 25MG	Select	Select		Taking
	ISOSORB	TAB 30MG ER	Select	Select		Taking
	NARATRIPTAN	TAB 2.5MG	Select	Select		Taking
	LIDOCAINE	SOL 2% VISC	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	KETOSTIX	TES STRIP	Select	Select		Taking
	INSULIN	INJ 100/ML	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	UNIFINE	MIS 31GX8MM	Select	Select		Taking

Patient Assessment Summary

Name : CRYSTAL OVERSTREET
 Date of Birth : 1970-09-24
 Evaluator Name : undefined
 Gender : Female
 Lob : DSNP
 Email :

Age : 51
 Member ID : 11005282
 Date : undefined
 Address : 270 RIVERVEIW ST EAST, ROCKY MOUNT, VA
 Marital Status : Single
 Phno : 5404885217,

	SYMBICORT	AER 160-4.5	Select	Select		Taking
	LANSOPRAZOLE	TAB 15MG	Select	Select		Taking
	BUDES/FORMOT	AER 80-4.5	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking
	PRED	SOL 5MG/5ML	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	PEN NEEDLES	MIS 31GX8MM	Select	Select		Taking
	AMITRIPTYLIN	TAB 50MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	FREESTYLE TES LITE	TES LITE	Select	Select		Taking
	FREESTYLE MIS READER	MIS READER	Select	Select		Taking
	DOXEPIN	CAP 10MG	Select	Select		Taking
	KLOR-CON	TAB 10MEQ ER	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	DICYCLOMINE	SOL 10MG/5ML	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG DR	Select	Select		Taking
	CARAFATE	SUS 1GM/10ML	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	HUMALOG	INJ 100/ML	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	CEFDINIR	CAP 300MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: Asian

Preferred language

Answer: English

Diagnoses under Chronic Care Management

None

Patient Assessment Summary

Name	: CRYSTAL OVERSTREET	Age	: 51
Date of Birth	: 1970-09-24	Member ID	: 11005282
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 270 RIVERVEIW ST EAST, ROCKY MOUNT, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5404885217,

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 :

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

Comment :

Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? **Yes**

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

Patient Assessment Summary

Name : CRYSTAL OVERSTREET
Date of Birth : 1970-09-24
Evaluator Name : undefined
Gender : Female
Lob : DSNP
Email :

Age : 51
Member ID : 11005282
Date : undefined
Address : 270 RIVERVEIW ST EAST, ROCKY MOUNT, VA
Marital Status : Single
Phno : 5404885217,

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 :