

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

HUOT, RACHEL  
1508 K V Rd  
239742624

**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

HUOT, RACHEL  
1508 K V Rd  
Victoria

HUOT, RACHEL

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:

ROBIN L ROBERTS  
1969-05-06  
11005570

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	: ROBIN L ROBERTS	Age	: 52
Date of Birth	: 1969-05-06	Member ID	: 11005570
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4715 EANES LANE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046525555,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	52	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
	PREDNISONE	TAB 5MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	DICYCLOMINE	TAB 20MG	Select	Select		Taking
	ACYCLOVIR	TAB 400MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	COLESTIPOL	GRA 5GM	Select	Select		Taking
	METOPROL SUC	TAB 50MG ER	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	CREON	CAP 36000UNT	Select	Select		Taking
	AZATHIOPRINE	TAB 50MG	Select	Select		Taking
	CARBAMAZEPIN	TAB 200MG	Select	Select		Taking
	ESTRADIOL	TAB 0.5MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking

# Patient Assessment Summary

Name	: ROBIN L ROBERTS	Age	: 52
Date of Birth	: 1969-05-06	Member ID	: 11005570
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4715 EANES LANE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046525555,

	MIRTAZAPINE	TAB 45MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	FLUTIC/SALME	AER 250/50	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	BENLYSTA	INJ 200MG/ ML	Select	Select		Taking
	VENLAFAXINE	TAB 75MG ER	Select	Select		Taking
	BOTOX	INJ 200UNIT	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	LOSARTAN POT	TAB 25MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 20MG	Select	Select		Taking
	METFORMIN HCL	ER ORAL TAB	Select	Select		Taking
	ADVAIR DISKU	AER 250/50	Select	Select		Taking
	JANUMET XR	TAB 100-1000	Select	Select		Taking
	SUMATRIPTAN	SPR 20MG/ ACT	Select	Select		Taking
	ACCU-CHEK	TES GUIDE	Select	Select		Taking
	RA ALCOHOL	PAD SWABS	Select	Select		Taking
	METFORMIN	TAB 500MG ER	Select	Select		Taking
	FASTCLIX	MIS LANCETS	Select	Select		Taking
	CIPRODEX	SUS 0.3-0.1%	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	CYCLOBENZAPR	TAB 5MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	ESCITALOPRAM	TAB 10MG	Select	Select		Taking
	FLUARIX QUAD	INJ 2019-20	Select	Select		Taking
	AZELASTINE	SPR 0.001	Select	Select		Taking
	DOXYCYCL HYC	TAB 100MG	Select	Select		Taking
	AZITHROMYCIN	TAB 500MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 500MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	LORAZEPAM	TAB 1MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	DESVENLAFAX	TAB 25MG ER	Select	Select		Taking
	TINIDAZOLE	TAB 500MG	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking

# Patient Assessment Summary

Name	: ROBIN L ROBERTS	Age	: 52
Date of Birth	: 1969-05-06	Member ID	: 11005570
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4715 EANES LANE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046525555,

	DOXYCYC MONO	CAP 100MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	OSELTAMIVIR	CAP 75MG	Select	Select		Taking
	HYDROCORTISO	CRE 0.025	Select	Select		Taking
	NARCAN	SPR	Select	Select		Taking
	BENLYSTA	INJ 200MG/ ML	Select	Select		Taking
	PREDNISONE	TAB 5MG	Select	Select		Taking
	AZATHIOPRINE	TAB 50MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	METFORMIN	ER ORAL TAB	Select	Select		Taking
	CIPRODEX	SUS 0.3-0.1%	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 20MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	SPIRIVA	SPR 2.5MCG	Select	Select		Taking
	FLUTIC/SALME	AER 250/50	Select	Select		Taking
	ESTRADIOL	TAB 0.5MG	Select	Select		Taking
	CREON	CAP 36000UNT	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	DICYCLOMINE	TAB 20MG	Select	Select		Taking
	ACYCLOVIR	TAB 400MG	Select	Select		Taking
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	VENLAFAXINE	CAP 150MG ER	Select	Select		Taking
	SUMATRIPTAN	SPR 20MG/ ACT	Select	Select		Taking
	COLESTIPOL	GRA 5GM	Select	Select		Taking
	LOSARTAN	TAB 25MG	Select	Select		Taking
	MIRTAZAPINE	TAB 45MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	CARBAMAZEPIN	TAB 200MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	METOPROL	TAB 50MG ER	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	JANUMET	TAB 100-1000	Select	Select		Taking
	LORAZEPAM	TAB 1MG	Select	Select		Taking
	RA	PAD SWABS	Select	Select		Taking

# Patient Assessment Summary

Name	: ROBIN L ROBERTS	Age	: 52
Date of Birth	: 1969-05-06	Member ID	: 11005570
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4715 EANES LANE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046525555,

	ACCU-CHEK	TES GUIDE	Select	Select		Taking
	FASTCLIX	MIS LANCETS	Select	Select		Taking
	BOTOX	INJ 200UNIT	Select	Select		Taking
	DOXYCYC	CAP 100MG	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	ADVAIR	AER 250/50	Select	Select		Taking
	CYCLOBENZAPR	TAB 5MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	FLUARIX	INJ 2019-20	Select	Select		Taking
	ESCITALOPRAM	TAB 10MG	Select	Select		Taking
	AZELASTINE	SPR 0.001	Select	Select		Taking
	DOXYCYCL	TAB 100MG	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	LEVOFLOXACIN	TAB 500MG	Select	Select		Taking
	AZITHROMYCIN	TAB 500MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	DESVENLAFAX	TAB 50MG ER	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	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

# Patient Assessment Summary

Name	: ROBIN L ROBERTS	Age	: 52
Date of Birth	: 1969-05-06	Member ID	: 11005570
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4715 EANES LANE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046525555,

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

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

# Patient Assessment Summary

Name	: ROBIN L ROBERTS	Age	: 52
Date of Birth	: 1969-05-06	Member ID	: 11005570
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4715 EANES LANE,HENRICO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8046525555,

## Family History

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

Assessors Comments :