



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

MAUGHAN, KAREN L  
1221 Lee Street  
Charlottesville, VA, 229080001

Dear Dr. MAUGHAN, KAREN L

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:

LYNN R LAURY JR  
1963-05-16  
11006886

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 : LYNN R LAURY JR  
Date of Birth : 1963-05-16  
Evaluator Name : test  
Gender : Male  
Lob : DSNP  
Email :

Age : 58  
Member ID : 11006886  
Date :  
Address : PO BOX 278,DILLWYN,VA  
Marital Status : Single  
Phno : 4349061702,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	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
	ALLOPURINOL	TAB 100MG	Select	Select		Taking
	POT CL MICRO	TAB 20MEQ ER	Select	Select		Taking
	AMIODARONE	TAB 200MG	Select	Select		Taking
	ATOVAQUONE	SUS 750/5ML	Select	Select		Taking
	ROSUVASTATIN	TAB 20MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	PREDNISONE	TAB 5MG	Select	Select		Taking
	TACROLIMUS	CAP 1MG	Select	Select		Taking
	VELPHORO	CHW 500MG	Select	Select		Taking
	NIFEDIPINE	TAB 60MG ER	Select	Select		Taking
	VALGANCICLOV	TAB 450MG	Select	Select		Taking
	MYCOPHENOLAT	CAP 250MG	Select	Select		Taking
	LOSARTAN POT	TAB 25MG	Select	Select		Taking

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Email	:	Phno	: 4349061702,

	AURYXIA	TAB 210MG	Select	Select		Taking
	SMZ-TMP	TAB 400-80MG	Select	Select		Taking
	PREVYMIS	TAB 480MG	Select	Select		Taking
	ZARXIO	INJ 480/0.8	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	SHINGRIX	INJ 50MCG	Select	Select		Taking
	DAPSONE	TAB 25MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
	BUMETANIDE	TAB 2MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	SIMVASTATIN	TAB 20MG	Select	Select		Taking
	PREDNISONE	TAB 5MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	ALLOPURINOL	TAB 100MG	Select	Select		Taking
	AMIODARONE	TAB 200MG	Select	Select		Taking
	ROSUVASTATIN	TAB 20MG	Select	Select		Taking
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## Over the Counter Medications / Supplements

Answer:

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### - Race

Answer: **African American**

### - Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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

None

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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?

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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 :