

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BOWERS, LEO C  
26 WINE STREET  
HAMPTON, VA, 236693584

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500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

BOWERS, LEO C  
26 WINE STREET  
HAMPTON, VA, 236693584

Dear Dr. BOWERS, LEO C

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:

DOMINIQUE M JONES  
1988-07-28  
11007023

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 : DOMINIQUE M JONES  
Date of Birth : 1988-07-28  
Evaluator Name : undefined  
Gender : Female  
Lob : DSNP  
Email :

Age : 33  
Member ID : 11007023  
Date : undefined  
Address : 122 CAMERON STREET,HAMPTON,VA  
Marital Status : Single  
Phno : 7577683527,8045038567

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	33	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
	IBUPROFEN	TAB 600MG	Select	Select		Taking
	CHLORHEX GLU	SOL 0.0012	Select	Select		Taking
	APAP/CODEINE	TAB 300-30MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	CHLORHEX	SOL 0.0012	Select	Select		Taking
	APAP/CODEINE	TAB 300-30MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	IBUPROFEN	TAB 600MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

# Patient Assessment Summary

Name	: DOMINIQUE M JONES	Age	: 33
Date of Birth	: 1988-07-28	Member ID	: 11007023
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 122 CAMERON STREET,HAMPTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7577683527,8045038567

## - 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

### - Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment : **teee**

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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?

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : **None**

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **None**

- Have you ever been hospitalized prior to the last 12 months?

Answer:

# Patient Assessment Summary

Name	: DOMINIQUE M JONES	Age	: 33
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Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 122 CAMERON STREET,HAMPTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7577683527,8045038567

- 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	
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 :