

CONFIDENTIAL INFORMATION

From :

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

To :

BROOKS-WILLIAMS, MALINDA
4730 N Southside Plaza St
232241742

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

BROOKS-WILLIAMS, MALINDA
4730 N Southside Plaza St
Richmond

BROOKS-WILLIAMS, MALINDA

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:

BRENDA L EZE
1963-08-29
11007107

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	: BRENDA L EZE	Age	: 58
Date of Birth	: 1963-08-29	Member ID	: 11007107
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4001 MERIDIAN AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 90701239700000,1222390836

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	Yes	2020-11-05	L: 0.73, R: 0.8 - Moderate		
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	DORZOL/TIMOL	SOL 22.3-6.8	Select	Select		Taking
	COLESTIPOL	TAB 1GM	Select	Select		Taking
	METOLAZONE	TAB 5MG	Select	Select		Taking
	LEVEMIR	INJ	Select	Select		Taking
	TACROLIMUS	CAP 1MG	Select	Select		Taking
	MYCOPHENOLAT	CAP 250MG	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	PREDNISOLONE	SUS 1% OP	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	CIPROFLOXACN	SOL 0.3% OP	Select	Select		Taking
	LEVOTHYROXIN	TAB 112MCG	Select	Select		Taking
	FEBUXOSTAT	TAB 80MG	Select	Select		Taking

Patient Assessment Summary

Name	: BRENDA L EZE	Age	: 58
Date of Birth	: 1963-08-29	Member ID	: 11007107
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4001 MERIDIAN AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 90701239700000,1222390836

	PREDNISONE	TAB 5MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	BUMETANIDE	TAB 1MG	Select	Select		Taking
	TRAVATAN Z	DRO 0.00004	Select	Select		Taking
	CYCLOBENZAPR	TAB 5MG	Select	Select		Taking
	TRAVOPROST	DRO 0.00004	Select	Select		Taking
	METOPROL TAR	TAB 100MG	Select	Select		Taking
	CALC ACETATE	CAP 667MG	Select	Select		Taking
	DUREZOL	EMU 0.0005	Select	Select		Taking
	ESOMEPRA MAG	CAP 40MG DR	Select	Select		Taking
	LEVOFLOXACIN	TAB 500MG	Select	Select		Taking
	NYSTATIN	CRE 100000	Select	Select		Taking
	ESTRADIOL	CRE 0.0001	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	KETOROLAC	SOL 0.005	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	LEVOTHYROXIN	TAB 112MCG	Select	Select		Taking
	ESOMEPRA	CAP 40MG DR	Select	Select		Taking
	MYCOPHENOLAT	CAP 250MG	Select	Select		Taking
	TACROLIMUS	CAP 1MG	Select	Select		Taking
	METOLAZONE	TAB 5MG	Select	Select		Taking
	LEVEMIR	INJ	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	PREDNISOLONE	SUS 1% OP	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	DORZOL/TIMOL	SOL 22.3-6.8	Select	Select		Taking
	KETOROLAC	SOL 0.005	Select	Select		Taking
	CIPROFLOXACN	SOL 0.3% OP	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	COLESTIPOL	TAB 1GM	Select	Select		Taking
	PREDNISONE	TAB 5MG	Select	Select		Taking
	FEBUXOSTAT	TAB 80MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	SEVELAMER	TAB 800MG	Select	Select		Taking
	METOPROL	TAB 100MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 5MG	Select	Select		Taking
	ESTRADIOL	CRE 0.0001	Select	Select		Taking
	BUMETANIDE	TAB 1MG	Select	Select		Taking

Patient Assessment Summary

Name	: BRENDA L EZE	Age	: 58
Date of Birth	: 1963-08-29	Member ID	: 11007107
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4001 MERIDIAN AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 90701239700000,1222390836

	TRAVOPROST	DRO 0.00004	Select	Select		Taking
	TRAVATAN	DRO 0.00004	Select	Select		Taking
	DUREZOL	EMU 0.0005	Select	Select		Taking
	CALC	CAP 667MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 500MG	Select	Select		Taking
	METHYLPRED	TAB 4MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	NYSTATIN	CRE 100000	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: African American

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

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?

Patient Assessment Summary

Name	: BRENDA L EZE	Age	: 58
Date of Birth	: 1963-08-29	Member ID	: 11007107
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4001 MERIDIAN AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 90701239700000,1222390836

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

Family History

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

Answer:

Assessors Comments :