



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

DARDEN, TARSHA J
5818 Harbour View Blvd Ste 250
Suffolk, VA, 234353317

Dear Dr. DARDEN, TARSHA J

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:

LINDA C ALLISON
1949-12-31
11007268

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 : LINDA C ALLISON
Date of Birth : 1949-12-31
Evaluator Name : test
Gender : Female
Lob : DSNP
Email :

Age : 71
Member ID : 11007268
Date :
Address : 21475 WIGWAM CIRCLE,CARROLLTON,VA
Marital Status : Single
Phno : 75781467846,

Your Vital Signs

| | | | | | |
|----------------|----|-----------------|-----|------------------|--|
| Blood Pressure | | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 71 | 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 |
| | TRIMETHOPRIM | TAB 100MG | Select | Select | | Taking |
| | PANTOPRAZOLE | TAB 40MG | Select | Select | | Taking |
| | CEFDINIR | CAP 300MG | Select | Select | | Taking |
| | LISINOPRIL | TAB 20MG | Select | Select | | Taking |
| | METOPROL SUC | TAB 50MG ER | Select | Select | | Taking |
| | CLINDAMYCIN | CAP 300MG | Select | Select | | Taking |
| | RESTASIS | EMU 0.0005 | Select | Select | | Taking |
| | INSULIN SYRG | MIS 0.5/30G | Select | Select | | Taking |
| | DICYCLOMINE | TAB 20MG | Select | Select | | Taking |
| | ALENDRONATE | TAB 70MG | Select | Select | | Taking |
| | LINZESS | CAP 145MCG | Select | Select | | Taking |
| | METFORMIN | TAB 850MG | Select | Select | | Taking |
| | ATORVASTATIN | TAB 40MG | Select | Select | | Taking |

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| | | | | | | |
|--|--------------|--------------|--------|--------|--|--------|
| | PIOGLITAZONE | TAB 30MG | Select | Select | | Taking |
| | NOVOLOG | INJ 100/ML | Select | Select | | Taking |
| | LANTUS | INJ 100/ML | Select | Select | | Taking |
| | OFLOXACIN | DRO 0.3%OTIC | Select | Select | | Taking |
| | AMIODARONE | TAB 200MG | Select | Select | | Taking |
| | FOSFOMYCIN | POW 3GM | Select | Select | | Taking |
| | FUROSEMIDE | TAB 20MG | Select | Select | | Taking |
| | CEPHALEXIN | CAP 500MG | Select | Select | | Taking |
| | DICLOFENAC | GEL 0.01 | Select | Select | | Taking |
| | SOTALOL HCL | TAB 80MG | Select | Select | | Taking |
| | AMOX/K CLAV | TAB 875-125 | Select | Select | | Taking |
| | TRAMADOL HCL | TAB 50MG | Select | Select | | Taking |
| | LIDOCAINE | PAD 0.05 | Select | Select | | Taking |
| | BUMETANIDE | TAB 2MG | Select | Select | | Taking |
| | INSULIN ASPA | INJ 100/ML | Select | Select | | Taking |
| | METOPROL TAR | TAB 50MG | Select | Select | | Taking |
| | LEVOFLOXACIN | TAB 500MG | Select | Select | | Taking |
| | AMOXICILLIN | CAP 250MG | Select | Select | | Taking |
| | HUMALOG | INJ 100/ML | Select | Select | | Taking |
| | DOXYCYCL HYC | CAP 100MG | Select | Select | | Taking |
| | NEO/POLY/HC | SUS 1% OTIC | Select | Select | | Taking |
| | MONUROL | PAK GRANULES | Select | Select | | Taking |
| | METOLAZONE | TAB 5MG | Select | Select | | Taking |
| | NITROFURANTN | CAP 100MG | Select | Select | | Taking |
| | TRUE METRIX | TES GLUCOSE | Select | Select | | Taking |
| | LIDOCAINE | PAD 0.05 | Select | Select | | Taking |
| | LISINOPRIL | TAB 20MG | Select | Select | | Taking |
| | CEPHALEXIN | CAP 500MG | Select | Select | | Taking |
| | CEFDINIR | CAP 300MG | Select | Select | | Taking |
| | TRIMETHOPRIM | TAB 100MG | Select | Select | | Taking |
| | DICLOFENAC | GEL 0.01 | Select | Select | | Taking |
| | RESTASIS | EMU 0.0005 | Select | Select | | Taking |
| | IBUPROFEN | TAB 600MG | Select | Select | | Taking |
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|--|--------------|--------------|--------|--------|--|--------|
| | LINZESS | CAP 145MCG | Select | Select | | Taking |
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| | SOTALOL | TAB 80MG | Select | Select | | Taking |
| | TRAMADOL | TAB 50MG | 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

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?

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:

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Assessors Comments :