

CONFIDENTIAL INFORMATION

From :

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

To :

FAVERO, JOHN P
2696 Greensboro Rd
241128106

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

FAVERO, JOHN P
2696 Greensboro Rd
Martinsville

FAVERO, JOHN P

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:

VANESSA F PORTER
1961-01-09
11007670

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	: VANESSA F PORTER	Age	: 60
Date of Birth	: 1961-01-09	Member ID	: 11007670
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 701 CORN TASSEL TRAIL,MARTINSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2767325381,2766184592

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	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
	ALBUTEROL	AER HFA	Select	Select		Taking
	APAP/CODEINE	TAB 300-30MG	Select	Select		Taking
	BACLOFEN	TAB 10MG	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	HYDROCHLOROT	TAB 25MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	ERYTHROMYCIN	OIN 5MG/GM	Select	Select		Taking
	OLMESA MEDOX	TAB 40MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	LISINOPRIL	TAB 40MG	Select	Select		Taking
	ESOMEPRAMAG	CAP 40MG DR	Select	Select		Taking

Patient Assessment Summary

Name	: VANESSA F PORTER	Age	: 60
Date of Birth	: 1961-01-09	Member ID	: 11007670
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 701 CORN TASSEL TRAIL,MARTINSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2767325381,2766184592

	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	TOUJEO SOLO	INJ 300IU/ML	Select	Select		Taking
	ONETOUCH	TES ULTRA	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking
	LACTULOSE	SOL 10GM/15	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	NEO/POLY/HC	SUS 1% OTIC	Select	Select		Taking
	ONDANSETRON	TAB 8MG ODT	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	METOCLOPRAM	TAB 10MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	DICYCLOMINE	CAP 10MG	Select	Select		Taking
	CARVEDILOL	TAB 3.125MG	Select	Select		Taking
	AMLOD/OLMESA	TAB 10-40MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	DOXYCYCL HYC	TAB 100MG	Select	Select		Taking
	CLOTRIMAZOLE	CRE 0.01	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	MEGESTROL AC	TAB 40MG	Select	Select		Taking
	POT CHLORIDE	TAB 10MEQ ER	Select	Select		Taking
	LINZESS	CAP 290MCG	Select	Select		Taking
	NYSTATIN	POW 100000	Select	Select		Taking
	ALBUTEROL SUL	FAT E HFA INH	Select	Select		Taking
	HC BUTYRATE	CRE 0.001	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	BACLOFEN	TAB 10MG	Select	Select		Taking
	POT CHLORIDE	TAB 10MEQ ER	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Taking
	GABAPENTIN	CAP 100MG	Select	Select		Taking
	APAP/CODEINE	TAB 300-30MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking

Patient Assessment Summary

Name	: VANESSA F PORTER	Age	: 60
Date of Birth	: 1961-01-09	Member ID	: 11007670
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 701 CORN TASSEL TRAIL,MARTINSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2767325381,2766184592

	LINZESS	CAP 290MCG	Select	Select		Taking
	OLMESA	TAB 40MG	Select	Select		Taking
	HYDROCHLOROT	CAP 12.5MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	ONDANSETRON	TAB 8MG ODT	Select	Select		Taking
	ERYTHROMYCIN	OIN 5MG/GM	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	LISINOPRIL	TAB 40MG	Select	Select		Taking
	ESOMEPRA	CAP 40MG DR	Select	Select		Taking
	ONETOUCH	TES ULTRA	Select	Select		Taking
	MEGESTROL	TAB 40MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	TOUJEO	INJ 300IU/ML	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	METOCLOPRAM	TAB 5MG	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking
	LACTULOSE	SOL 10GM/15	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	DOXYCYCL	TAB 100MG	Select	Select		Taking
	NEO/POLY/HC	SUS 1% OTIC	Select	Select		Taking
	AMLOD/OLMESA	TAB 10-40MG	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	CARVEDILOL	TAB 3.125MG	Select	Select		Taking
	CLOTRIMAZOLE	CRE 0.01	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	MIRTAZAPINE	TAB 7.5MG	Select	Select		Taking
	HC	CRE 0.001	Select	Select		Taking
	DICYCLOMINE	CAP 10MG	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking

Over the Counter Medications / Supplements

Patient Assessment Summary

Name	: VANESSA F PORTER	Age	: 60
Date of Birth	: 1961-01-09	Member ID	: 11007670
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 701 CORN TASSEL TRAIL,MARTINSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2767325381,2766184592

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?

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:

Patient Assessment Summary

Name	: VANESSA F PORTER	Age	: 60
Date of Birth	: 1961-01-09	Member ID	: 11007670
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 701 CORN TASSEL TRAIL,MARTINSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2767325381,2766184592

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 :