

CONFIDENTIAL INFORMATION

From :

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

To :

SUSLICK, RANDALL H
115 College St
239279125

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

SUSLICK, RANDALL H
115 College St
Clarksville

SUSLICK, RANDALL H

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:

JUDY G BRUCE
1953-09-28
11007868

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	: JUDY G BRUCE	Age	: 68
Date of Birth	: 1953-09-28	Member ID	: 11007868
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 517 E SYCAMORE STREET,CHASE CITY,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8045131890,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	68	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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	CARVEDILOL	TAB 6.25MG	Select	Select		Taking
	HYDRALAZINE	TAB 10MG	Select	Select		Not Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Not Taking
	AMIODARONE	TAB 200MG	Select	Select		Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Not Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	DIGOXIN	TAB 0.125MG	Select	Select		Not Taking
	QUETIAPINE	TAB 50MG	Select	Select		Taking
	KETOCONAZOLE	CRE 0.02	Select	Select		Taking
	CARVEDILOL	TAB 6.25MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Not Taking
	HYDRALAZINE	TAB 10MG	Select	Select		Not Taking
	SPIRONOLACT	TAB 25MG	Select	Select		Not Taking

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	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	AMIODARONE	TAB 200MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Not Taking
	DIGOXIN	TAB 0.125MG	Select	Select		Not Taking
	KETOCONAZOLE	CRE 0.02	Select	Select		Taking

Over the Counter Medications / Supplements

Answer: No

Race

Answer: Caucasian

Preferred language

Answer: Other

If other,

Answer:Hindi

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred LanguageOther

Comment :

If other,

Comment

Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How much school have you completed?Less than 3rd grade

Comment :

When you get written information at a doctor's office would you say it is?Very difficult

Comment :

When you read the instructions on a prescription bottle would you say that it is?Very difficult

Comment :

How confident are you in filling out medical forms by yourself?Not at All Confident

Comment :

Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups?Often

Comment :

Social service referral to further assess social support infrastructure

Who do you currently live with?Alone

Comment :

Do you have someone who can help if you are sick or have problems?Yes

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Comment : **Comments**

Counsel patient on and or provide medication for smoking cessation.

Tobacco Use**Current**

Comment :

Type

Comment

Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication?**Yes**

Comment :

Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Currently a caregiver for someone **Yes**

Comment :

Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed?**Yes**

Comment :

Do you worry too much about different things?**Yes**

Comment :

Do you feel afraid that something bad might happen?**Yes**

Comment :

Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy **Yes**

Comment :

Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney **Yes**

Comment :

Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders **Yes**

Comment :

Care management related to patient's activity levels

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

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **Need Some Help**

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

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Some Help**

D. Bathing : **Need Some Help**

E. Dressing : **Need Some Help**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **One block**

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H. Going up or down stairs : **Need Some Help**

How many stairs can you climb : **Three to five**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
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- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

E. Had Surgery : **None**

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

Answer: **No**

- 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	

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Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer:

Assessors Comments :