

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Meredith Quarles (PAC)  
131 Jones St  
245229830

**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

Meredith Quarles (PAC)  
131 Jones St  
Appomattox

Meredith Quarles (PAC)

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:

LEWIS M SEAMSTER  
1984-04-02  
11007967

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	: LEWIS M SEAMSTER	Age	: 37
Date of Birth	: 1984-04-02	Member ID	: 11007967
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: P O BOX 988,APPOMATTOX,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4343529903,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	37	Patients Height	5	Patients Weight	186
BMI	29.1				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual, no screenings
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	Select				
PAD	No				
Peak Flow Meter	No				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Allergic Rhinitis	FLUTICASONE	SPR 50MCG	N = Nasal	QD	Dr Quarles	Taking
Allergic Rhinitis	Loratadine	10mg	PO = By Mouth	QD	Dr Quarles	Taking
Vitamin D supplement	Vitamin D	5000units	PO = By Mouth	QD	Dr Quarles	Taking

## Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-15	Tylenol	325mg	PO = By Mouth	prn aches/pains

Race

Answer: Caucasian

Preferred language

# Patient Assessment Summary

Name	: LEWIS M SEAMSTER	Age	: 37
Date of Birth	: 1984-04-02	Member ID	: 11007967
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: P O BOX 988,APPOMATTOX,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4343529903,

Answer: **English**

## Diagnoses under Chronic Care Management

Active

Other

Other **Allergic Rhinitis --Tx Loratadine & Flonase prn**

Intellectual and or Developmental Disability

Describe **Other**

Intellectual/Cognitive Impairment Disability

Describe :

Vitamin D Deficiency

---

## Care management related to self - assessment and psychosocial behaviors

Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog **0**

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.

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

Comment : **Intellectual Disability**

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? **Sometimes**

Comment :

Social service referral to further assess social support infrastructure

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

Comment :

Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? **No**

Comment :

Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? **No**

Comment :

Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? **No**

Comment :

---

## Care management related to patient's activity levels

# Patient Assessment Summary

Name	: LEWIS M SEAMSTER	Age	: 37
Date of Birth	: 1984-04-02	Member ID	: 11007967
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: P O BOX 988, APPOMATTOX, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4343529903,

- 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 : **No**

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

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

H. Going up or down stairs : **No**

---

## 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: **No**

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

Comment: Annual physicals exam & prn visits, last visit March 2021

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: **No**

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

Answer: **None**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: **No**

Have you lost weight in the past 6 months?

Answer: **None**

---

# Patient Assessment Summary

Name	: LEWIS M SEAMSTER	Age	: 37
Date of Birth	: 1984-04-02	Member ID	: 11007967
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: P O BOX 988,APPOMATTOX,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4343529903,

## 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	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

## Care management related to diagnoses and symptoms

### Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	DM	

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

Answer: None

### Assessors Comments :

Annual Health Assessment, responses provided by VP & J Support Services Director (Tracy Parker). He has some Intellectual/Cognitive/Mental impairment therefore he receives services to assist with everyday task & some ADL's (errands, appointments, household task, medication administration). He is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

\*\*Provided counseling for Preventive Health maintenance recommendations

\*\*Virtual visit, therefore some blank responses due to limited assessment info.

\*\*Verification: Name/DOB