

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. FRIEND, CLARENCE W
15425 Warwick Blvd
Newport News, VA, 236081579

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

FRIEND, CLARENCE W
15425 Warwick Blvd
Newport News, VA, 236081579

Dear Dr. FRIEND, CLARENCE W

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:

ARTIA BARLOW
1984-04-02
11008202

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	: ARTIA BARLOW	Age	: 37
Date of Birth	: 1984-04-02	Member ID	: 11008202
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 367 BRIGHTWOOD AVE,HAMPTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7576965370,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	37	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
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	FLOVENT HFA	AER 220MCG	Select	Select		Taking
	BROVANA	NEB 15MCG	Select	Select		Not Taking
	PROAIR HFA	AER	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	CLONAZEPAM	TAB 2MG	Select	Select		Taking
	BUSPIRONE	TAB 10MG	Select	Select		Taking
	LAMOTRIGINE	TAB 100MG	Select	Select		Not Taking
	LANTUS SOLOS	INJ 100/ML	Select	Select		Taking
	BD PEN NEEDL	MIS 32GX4MM	Select	Select		Taking
	ZIPRASIDONE	CAP 60MG	Select	Select		Taking

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	ZOLPIDEM	TAB 10MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Not Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	TRAZODONE	TAB 100MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	SOFTCLIX	MIS LANCETS	Select	Select		Taking
	ACCU-CHEK	TES AVIVA PL	Select	Select		Taking
	LATUDA	TAB 40MG	Select	Select		Taking
	VALACYCLOVIR	TAB 500MG	Select	Select		Taking
	CORTISPORIN		Select	Select		Not Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	DOXYCYCL HYC	CAP 100MG	Select	Select		Taking
	BUDESONIDE	SUS 0.5MG/2	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Not Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	GLUCAGON	KIT 1MG	Select	Select		Taking
	BREO ELLIPTA	INH 100-25	Select	Select		Taking
	PENICILLN VK	TAB 500MG	Select	Select		Taking
	PRENATAL	TAB 27-1MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	INSULIN SYRG	MIS 0.5/30G	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	BROVANA	NEB 15MCG	Select	Select		Taking
	FLOVENT	AER 220MCG	Select	Select		Taking
	CORTISPORIN		Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
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	ONDANSETRON	TAB 4MG	Select	Select		Taking
	GLUCAGON	KIT 1MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer: No

- Race

Answer: African American

- Preferred language

Answer: English

Comment: english

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

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

Mini cog : 2

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 read the instructions on a prescription bottle would you say that it is? : **Somewhat difficult**

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? : **No**

Comment :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : **1/2 a pack**

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 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**

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

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

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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: 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 : **None**

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:

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

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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: None

Assessors Comments :