

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. REYNOLDS-CANE, DIANNE LENA  
2809 North Ave Ste 206  
Richmond, VA, 232223647

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REYNOLDS-CANE, DIANNE LENA  
2809 North Ave Ste 206  
Richmond, VA, 232223647

Dear Dr. REYNOLDS-CANE, DIANNE LENA

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:

CANDRES M MCEACHIN  
1945-10-28  
11008390

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 : CANDRES M MCEACHIN  
Date of Birth : 1945-10-28  
Evaluator Name : undefined  
Gender : Female  
Lob : DSNP  
Email :

Age : 76  
Member ID : 11008390  
Date : undefined  
Address : 1020 E 16TH ST,RICHMOND,VA  
Marital Status : Single  
Phno : 8042323334,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	76	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	Yes	2020-10-22	L: 0.91, R: 0.95 - Mild		
Peak Flow Meter	Select				

## Allergies

Answer:

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	LOSARTAN POT	TAB 25MG	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	PERMETHRIN	CRE 0.05	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	TRIAMT/HCTZ	TAB 37.5-25	Select	Select		Taking
	HYDROXYZ HCL	TAB 10MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	LOSARTAN	TAB 25MG	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	PERMETHRIN	CRE 0.05	Select	Select		Taking

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Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8042323334,

	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	TRIAMT/HCTZ	TAB 37.5-25	Select	Select		Taking
	HYDROXYZ	TAB 10MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: African American

### - Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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

- 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? : 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 the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? : 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 : 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

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E. Dressing : No

F. Eating : No

G. Walking : No

H. Going up or down stairs : No

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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: Walker , Prosthesis

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:

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## 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

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## Family History

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

Assessors Comments :