

CONFIDENTIAL INFORMATION

From :

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

To :

ALBERS, GREGG
2811 Linkhorne Dr Ste A
24503-3354

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

ALBERS, GREGG
2811 Linkhorne Dr Ste A
Lynchburg

ALBERS, GREGG

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:

JO ANN CAMPBELL
1942-09-03
11008794

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	: JO ANN CAMPBELL	Age	: 79
Date of Birth	: 1942-09-03	Member ID	: 11008794
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2425 TATE SPRINGS RD,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4346654713,4346654712

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	79	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
	NYSTATIN	POW 100000	Select	Select		Taking
	SYNTHROID	TAB 75MCG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	MECLIZINE	TAB 12.5MG	Select	Select		Taking
	PROPRANOLOL	TAB 10MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	VALACYCLOVIR	TAB 500MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.25MG	Select	Select		Taking
	LEVOTHYROXIN	TAB 75MCG	Select	Select		Taking
	NYAMYC	POW 100000	Select	Select		Taking

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	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	POLYMYXIN B/	SOL TRIMETHP	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	RAMELTEON	TAB 8MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	CEFUROXIME	TAB 500MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	ERYTHROMYCIN	OIN OP	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	VALACYCLOVIR	TAB 500MG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	NYSTATIN	POW 100000	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	LEVOTHYROXIN	TAB 75MCG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	PROPRANOLOL	TAB 10MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	SYNTHROID	TAB 75MCG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	MECLIZINE	TAB 12.5MG	Select	Select		Taking
	PRIMIDONE	TAB 50MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.25MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	NYAMYC	POW 100000	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	POLYMYXIN	SOL TRIMETHP	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
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	ERYTHROMYCIN	OIN OP	Select	Select		Taking
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Over the Counter Medications / Supplements

Answer:

Race

Answer: **Caucasian**

Preferred language

Answer: **English**

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

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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	

Care management related to diagnoses and symptoms

Family History

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

Answer:

Assessors Comments :