

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ROSENBERG, DAVID
664 LINCOLN STREET
PORTSMOUTH, VA, 237044818

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

ROSENBERG, DAVID
664 LINCOLN STREET
PORTSMOUTH, VA, 237044818

Dear Dr. ROSENBERG, DAVID

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:

JOHNNIE DUNN
1946-02-25
11008859

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 | : JOHNNIE DUNN | Age | : 75 |
| Date of Birth | : 1946-02-25 | Member ID | : 11008859 |
| Evaluator Name | : undefined | Date | : undefined |
| Gender | : Female | Address | : C/O THERESA DUNN,NORFOLK,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : | Phno | : 7577140377, |

Your Vital Signs

| | | | | | |
|----------------|----|-----------------|-----|------------------|--|
| Blood Pressure | | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 75 | 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 | 2020-12-18 | L: 0.55, R: 0.51 - Significant | | |
| Peak Flow Meter | Select | | | | |

Allergies

Answer:

Your Medications

| Diagnoses | Label Name | Dose / Units | Route | Frequency | Prescribing Physician | Status |
|-----------|--------------|--------------|--------|-----------|-----------------------|--------|
| | METOPROL SUC | TAB 50MG ER | Select | Select | | Taking |
| | AMIODARONE | TAB 200MG | Select | Select | | Taking |
| | THEOPHYLLINE | TAB 400MG ER | Select | Select | | Taking |
| | GLIMEPIRIDE | TAB 4MG | Select | Select | | Taking |
| | SPIRONOLACT | TAB 50MG | Select | Select | | Taking |
| | AMLODIPINE | TAB 5MG | Select | Select | | Taking |
| | PHENYTOIN EX | CAP 200MG | Select | Select | | Taking |
| | XARELTO | TAB 15MG | Select | Select | | Taking |
| | LOSARTAN POT | TAB 25MG | Select | Select | | Taking |
| | CHLORTHALID | TAB 50MG | Select | Select | | Taking |
| | METOLAZONE | TAB 5MG | Select | Select | | Taking |
| | HYDRALAZINE | TAB 100MG | Select | Select | | Taking |
| | FUROSEMIDE | TAB 20MG | Select | Select | | Taking |

Patient Assessment Summary

Name : JOHNNIE DUNN Age : 75
Date of Birth : 1946-02-25 Member ID : 11008859
Evaluator Name : undefined Date : undefined
Gender : Female Address : C/O THERESA DUNN,NORFOLK,VA
Lob : DSNP Marital Status : Single
Email : Phno : 7577140377,

| | | | | | | |
|--|--------------|--------------|--------|--------|--|--------|
| | NYSTATIN | CRE 100000 | Select | Select | | Taking |
| | ATORVASTATIN | TAB 40MG | Select | Select | | Taking |
| | CICLOPIROX | GEL 0.0077 | Select | Select | | Taking |
| | PHENYTOIN | CAP 200MG | Select | Select | | Taking |
| | METOLAZONE | TAB 5MG | Select | Select | | Taking |
| | ATORVASTATIN | TAB 40MG | Select | Select | | Taking |
| | AMLODIPINE | TAB 5MG | Select | Select | | Taking |
| | SPIRONOLACT | TAB 50MG | Select | Select | | Taking |
| | GLIMEPIRIDE | TAB 4MG | Select | Select | | Taking |
| | XARELTO | TAB 15MG | Select | Select | | Taking |
| | METOPROL | TAB 50MG ER | Select | Select | | Taking |
| | THEOPHYLLINE | TAB 400MG ER | Select | Select | | Taking |
| | AMIODARONE | TAB 200MG | Select | Select | | Taking |
| | FUROSEMIDE | TAB 20MG | Select | Select | | Taking |
| | LOSARTAN | TAB 25MG | Select | Select | | Taking |
| | CICLOPIROX | GEL 0.0077 | Select | Select | | Taking |
| | CHLORTHALID | TAB 50MG | Select | Select | | Taking |
| | HYDRALAZINE | TAB 100MG | Select | Select | | Taking |
| | NYSTATIN | CRE 100000 | Select | Select | | Taking |

Over the Counter Medications / Supplements

Answer: No

- Race

Answer: African American

- Preferred language

Answer:

Diagnoses under Chronic Care Management

None

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 : 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

Patient Assessment Summary

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| Evaluator Name | : undefined | Date | : undefined |
| Gender | : Female | Address | : C/O THERESA DUNN,NORFOLK,VA |
| Lob | : DSNP | Marital Status | : Single |
| Email | : | Phno | : 7577140377, |

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 : Chewing Tobacco

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**

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: Walker

Are you currently seeing any specialists?

- 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**

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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:

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

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 : abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation;