

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. TRAN, GEORGE M
412 Namozine St
Burkeville, VA, 239223184

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

TRAN, GEORGE M
412 Namozine St
Burkeville, VA, 23922-3184

Dear Dr. TRAN, GEORGE M

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:

STACEY L TALBERT
1968-10-21
11008890

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	: STACEY L TALBERT	Age	: 53
Date of Birth	: 1968-10-21	Member ID	: 11008890
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 40 ROCKPORT DRIVE,STAUNTON,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5713308226,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	53	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
	INSULIN SYRG	MIS 0.5/31G	Select	Select		Taking
	FREESTYLE	KIT SENSOR	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 20MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	INSULIN ASPA	INJ FLEXPEN	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	LISINOP/HCTZ	TAB 20-12.5	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Taking

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	LEVEMIR	INJ FLEXTUOC	Select	Select		Taking
	METOCLOPRAM	TAB 5MG	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	V-GO 20	KIT	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	BACLOFEN	TAB 10MG	Select	Select		Taking
	PEN NEEDLES	MIS 32GX4MM	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	CICLOPIROX	SOL 0.08	Select	Select		Taking
	PREDNISONE	TAB 5MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 20MG	Select	Select		Taking
	LISINOPRIL	TAB 20MG	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	INSULIN	MIS 0.5/31G	Select	Select		Taking
	FREESTYLE KIT SENSOR	KIT SENSOR	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	LISINOP/HCTZ	TAB 20-12.5	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	BD PEN NEEDL	MIS 31GX5MM	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Taking
	LEVEMIR	INJ FLEXTUOC	Select	Select		Taking
	METOCLOPRAM	TAB 5MG	Select	Select		Taking
	PEN NEEDLES	MIS 32GX4MM	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	V-GO	KIT	Select	Select		Taking
	CICLOPIROX	SOL 0.08	Select	Select		Taking
	BACLOFEN	TAB 10MG	Select	Select		Taking

Patient Assessment Summary

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	FLUTICASONE	SPR 50MCG	Select	Select		Taking
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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

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 :