

CONFIDENTIAL INFORMATION

From :

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

To :

Joseph Lowdon
590 Martha Jefferson Dr
22911

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

Joseph Lowdon
590 Martha Jefferson Dr
Charlottesville

Joseph Lowdon

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:

ANTONIO RENOVALES
1953-01-31
11009287

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	: ANTONIO RENOVALES	Age	: 68
Date of Birth	: 1953-01-31	Member ID	: 11009287
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 351 N MASON ST,HARRISONBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	: antoniorenovales6@gmail.com	Phno	: 5402716050,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0/10
Age	68	Patients Height	5	Patients Weight	235
BMI	33.7				

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
diabetes type 2	METFORMIN	TAB 500MG, take two in the morning and two in the evening	PO = By Mouth	BID	Dr. MARIA HERNANDEZ	Taking
hypertension	LISINOPRIL	TAB 20MG	PO = By Mouth	QD	Dr. MARIA HERNANDEZ	Taking
muscle relaxer due to sitting in his car for extended periods as a taxi driver	TIZANIDINE	TAB 2MG	PO = By Mouth	PRN	Dr. MARIA HERNANDEZ	Taking
diabetes types 2	FREESTYLE MIS READER	MIS READER	SQ = Subcutaneous	QD	Dr. MARIA HERNANDEZ	Taking

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Over the Counter Medications / Supplements

Answer: **yes**

Comment : takes acidophilus pill to help with bowel movements since he is a cab driver and does not drink enough fluids or ambulate much in his job

Date	Description	Dose/Units	Route	Frequency
2021-07-14	acidophilus pill	unknown	PO = By Mouth	QD

Race

Answer: **Latino**

Preferred language

Answer: **English**

Comment: can also speak Spanish

Diagnoses under Chronic Care Management

Active

Hypertension

Adequately controlled**Yes**

Urinary Incontinence

Related to stress**Yes**

Related to : **Urgency**

Describe**Daily**

related to his job of driving a cab has to hold urine and go when he can

Other

Other**states his muscles get stiff due to sitting in his car for extended periods as a taxi driver - takes tizanidine as needed**

Diabetes

Type**Type 2**

Most recent Hb A1C, value**unknown**

And Date**unknown**

Met with a nurse or dietician for diabetic education **No**

Met with a diabetic educator**No**

Hypertension and Diabetes

Is patient on Ace or ARB **Yes**

Care management related to self - assessment and psychosocial behaviors

Social service referral to further assess social support infrastructure

Who do you currently live with?**Alone**

Comment :

Do you have someone who can help if you are sick or have problems?**No**

Comment : **but he has a life support necklace with the button attached, does not have nearby relatives**

Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy?**No**

Comment :

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Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney?**No**

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 : **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: 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 : **1**

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: **Yes**

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Describe

Answer: **E. coli infection - May 2020**

- 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: **More than 15lbs**

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

Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
Mother	cancer	cancer - unknown type in 2008

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

Answer: **None**

Assessors Comments : Member's ID confirmed via name, date of birth and address.