

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. CHEEMA, ARSHAD P
6712 Arlington Blvd
Falls Church, VA, 220422105

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

CHEEMA, ARSHAD P
6712 Arlington Blvd
Falls Church, VA, 22042-2105

Dear Dr. CHEEMA, ARSHAD P

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:

ANGELA F IGLESIAS
1952-09-29
11009347

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	: ANGELA F IGLESIAS	Age	: 69
Date of Birth	: 1952-09-29	Member ID	: 11009347
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 6836 WESTMORELAND RD,MOSBY,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5712784449,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	69	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
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	ALENDRONATE	TAB 35MG	Select	Select		Taking
	BYSTOLIC	TAB 20MG	Select	Select		Taking
	BD PEN NEEDL	MIS 32GX4MM	Select	Select		Taking
	TRESIBA FLEX	INJ 200UNIT	Select	Select		Taking
	ONETOUCH	TES VERIO	Select	Select		Taking
	VALSART/HCTZ	TAB 80-12.5	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	MECLIZINE	TAB 25MG	Select	Select		Taking
	SHINGRIX	INJ 50/0.5ML	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	METFORMIN	TAB 1000MG	Select	Select		Taking
	FLUAD QUADRI	INJ 0.5ML	Select	Select		Taking

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Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5712784449,

	ALENDRONATE	TAB 35MG	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	VALSART/HCTZ	TAB 80-12.5	Select	Select		Taking
	TRESIBA	INJ 200UNIT	Select	Select		Taking
	ONETOUCH	TES VERIO	Select	Select		Taking
	BYSTOLIC	TAB 20MG	Select	Select		Taking
	BD PEN NEEDL	MIS 32GX4MM	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	METFORMIN	TAB 1000MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	MECLIZINE	TAB 25MG	Select	Select		Taking
	SHINGRIX	INJ 50/0.5ML	Select	Select		Taking
	FLUAD	INJ 0.5ML	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: **Caucasian**

- 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

Patient Assessment Summary

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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

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 :