



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

SEATON, SCOTT M  
15 Pratts Run  
Waynesboro, VA, 229806606

Dear Dr. SEATON, SCOTT 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:

SHELIA MEDLER  
11009757

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	: SHELIA MEDLER	Age	: 67
Date of Birth	: 1953-11-25	Member ID	: 11009757
Evaluator Name	: test	Date	: 2021-10-06T00:43
Gender	: Female	Address	: 329 N COMMERCE AVENUE,WAYNESBORO,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5402219474,5409433555

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	67	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
	RELION PREMI	TES GLUCOSE	Select	Select		Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	METFORMIN	TAB 1000MG	Select	Select		Taking
	TELMISARTAN	TAB 40MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	METOPROL TAR	TAB 100MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	FLUBLOK QUAD	INJ 2020-21	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	INSULIN SYRG	MIS 0.3/31G	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking

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	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	RELION	TES GLUCOSE	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	METFORMIN	TAB 1000MG	Select	Select		Taking
	METOPROL	TAB 100MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	TELMISARTAN	TAB 40MG	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Taking
	FLUBLOK	INJ 2020-21	Select	Select		Taking
	INSULIN	MIS 0.3/31G	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **Other**

If other,

Answer: Gujarati

## Diagnoses under Chronic Care Management

None

## Care management related to self - assessment and psychosocial behaviors

- Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language : **Other**

Comment :

If other, : Gujarati

Comment :

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- 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.

How much school have you completed? : **Less than 3rd grade**

Comment :

When you get written information at a doctor's office would you say it is? : **Somewhat difficult**

Comment :

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## Care management related to patient's activity levels

If no activities are checked as need some help or total help

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## 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

Answer:

-Have you lost weight in the past 6 months?

Answer:

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## 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	

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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 :