



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

HEDIAN, KATHERINE ADELICIA
2256 Irish Rd
Esmont, VA, 22937-1945

Dear Dr. HEDIAN, KATHERINE ADELICIA

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:

CHRISTOPHER W MORRIS
1988-05-18
11010638

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 : CHRISTOPHER W MORRIS Age : 33
Date of Birth : 1988-05-18 Member ID : 11010638
Evaluator Name : test Date :
Gender : Male Address : 801 ROCKFISH XING,SCHUYLER,VA
Lob : DSNP Marital Status : Single
Email : Phno : 321902333489,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	33	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
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	BACLOFEN	TAB 20MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	SANTYL	OIN 250/GM	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking
	QUETIAPINE	TAB 300MG	Select	Select		Taking
	DIVALPROEX	TAB 250MG DR	Select	Select		Taking
	NYSTATIN	POW 100000	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	CIPROFLOXACN	TAB 750MG	Select	Select		Taking
	SMZ/TMP DS	TAB 800-160	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	MIRTAZAPINE	TAB 15MG	Select	Select		Taking

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	NARCAN	SPR	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	CLINDAMYCIN	CAP 150MG	Select	Select		Taking
	VENTOLIN HFA	AER	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	BACLOFEN	TAB 20MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	DIVALPROEX	TAB 250MG DR	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking
	QUETIAPINE	TAB 300MG	Select	Select		Taking
	SANTYL	OIN 250/GM	Select	Select		Taking
	NYSTATIN	POW 100000	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	CIPROFLOXACN	TAB 750MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	SMZ/TMP	TAB 800-160	Select	Select		Taking
	MIRTAZAPINE	TAB 15MG	Select	Select		Taking
	VENTOLIN	AER	Select	Select		Taking
	NARCAN	SPR	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	CLINDAMYCIN	CAP 150MG	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

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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

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

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Family History

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

Assessors Comments :