

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. BALMORIA, SANDRA K
5219 LANKFORD HIGHWAY
NEW CHURCH, VA, 234153332

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BALMORIA, SANDRA K
5219 LANKFORD HIGHWAY
NEW CHURCH,VA,234153332

Dear Dr. BALMORIA, SANDRA K

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:

DAVID AYERS
1952-05-01
11011303

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	: DAVID AYERS	Age	: 69
Date of Birth	: 1952-05-01	Member ID	: 11011303
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 3326 VIRGINIA AVENUE,EXMORE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7573505848,

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	2022-01-12	test 1		
HBA1C	Select	2022-01-26	test 2		
MICROALBUMIN	Select	2022-01-26	test 3		
FOBT	Select				
DEXA	Select				
PAD	Select	2022-01-26	tes4		
Peak Flow Meter	Select	2022-01-29	test 5		

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	METOPROL SUC	TAB 25MG ER	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	TIMOLOL MAL	SOL 0.5% OP	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	AZITHROMYCIN	SUS 200/5ML	Select	Select		Taking
	METOPROL	TAB 25MG ER	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	TIMOLOL	SOL 0.5% OP	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking

Over the Counter Medications / Supplements

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Email	:	Phno	: 7573505848,

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

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	
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 :