

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

ISEDEH, ANTHONY  
2010 Health Campus Dr  
228018679

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

ISEDEH, ANTHONY  
2010 Health Campus Dr  
Harrisonburg

ISEDEH, ANTHONY

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:

BETTE J HUDSON  
1955-12-31  
11011595

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 : BETTE J HUDSON  
Date of Birth : 1955-12-31  
Evaluator Name : undefined  
Gender : Female  
Lob : DSNP  
Email :

Age : 66  
Member ID : 11011595  
Date : undefined  
Address : 45 PORT REPUBLIC RD,HARRISONBURG,VA  
Marital Status : Single  
Phno : 5404343425,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	66	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: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	ESOMEPRAMAG	CAP 40MG DR	Select	Select		Taking
	QUETIAPINE	TAB 400MG ER	Select	Select		Not Taking
	LAMOTRIGINE	TAB 150MG	Select	Select		Taking
	BUT/APAP/CAF	TAB	Select	Select		Taking
	ALBUTEROL	NEB 1.25MG/3	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	METOPROLOL TAR	TAB 25MG	Select	Select		Not Taking
	DAPTOMYCIN	INJ 500MG	Select	Select		Taking
	ROSUVASTATIN	TAB 40MG	Select	Select		Taking
	ADVAIR DISKU	AER 250/50	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Not Taking
	CEFUROXIME	TAB 500MG	Select	Select		Taking

# Patient Assessment Summary

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Date of Birth : 1955-12-31 Member ID : 11011595  
Evaluator Name : undefined Date : undefined  
Gender : Female Address : 45 PORT REPUBLIC RD,HARRISONBURG,VA  
Lob : DSNP Marital Status : Single  
Email : Phno : 5404343425,

	CLONAZEPAM	TAB 1MG	Select	Select		Taking
	BUT/APAP/CAF	TAB	Select	Select		Taking
	LAMOTRIGINE	TAB 150MG	Select	Select		Not Taking
	QUETIAPINE	TAB 400MG ER	Select	Select		Taking
	ALBUTEROL	NEB 1.25MG/3	Select	Select		Taking
	METOPROL	TAB 25MG	Select	Select		Taking
	ESOMEPR	CAP 40MG DR	Select	Select		Taking
	SERTRALINE	TAB 100MG	Select	Select		Taking
	ROSUVASTATIN	TAB 40MG	Select	Select		Taking
	DAPTOMYCIN	INJ 500MG	Select	Select		Taking
	ADVAIR	AER 250/50	Select	Select		Taking
	CEFUROXIME	TAB 500MG	Select	Select		Not Taking
	AMOX/K	TAB 875-125	Select	Select		Not Taking

## Over the Counter Medications / Supplements

Answer: No

### Race

Answer: Caucasian

### Preferred language

Answer: English

## Diagnoses under Chronic Care Management

### History Of

#### Other

Other

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

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?Completed 3rd grade

Comment :

How confident are you in filling out medical forms by yourself?Not Very Confident

Comment :

Social service referral to further assess current living conditions.

Where do you currently live?Nursing Home

Comment :

Social service referral to further assess social support infrastructure

# Patient Assessment Summary

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Gender	: Female	Address	: 45 PORT REPUBLIC RD,HARRISONBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5404343425,

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

Comment :

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

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

Comment :

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## 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**

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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: Prosthesis

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 : **None**

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: **No**

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

Answer: **None**

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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:

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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	

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## Care management related to diagnoses and symptoms

Family History

Answer: **No**

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

Answer: **None**

Assessors Comments :