

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

LANGAN, KATHLEEN  
3650 Joseph Siewick Dr  
220331715

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

LANGAN, KATHLEEN  
3650 Joseph Siewick Dr  
Fairfax

LANGAN, KATHLEEN

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:

BREAUNA BOUIER  
1993-05-09  
11011608

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	: BREAUNA BOUIER	Age	: 28
Date of Birth	: 1993-05-09	Member ID	: 11011608
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1019 MAHONE AVE,NORFOLK,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7579018619,7573236266

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	28	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
	TOPIRAMATE	TAB 100MG	Select	Select		Taking
	INVEGA SUST	INJ 156MG/ML	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	LATUDA	TAB 80MG	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 30MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	PALIPERIDONE	TAB ER 3MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	INVEGA TRINZ	INJ 819MG	Select	Select		Taking
	AZITHROMYCIN	POW 1GM PAK	Select	Select		Taking

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Email : Phno : 7579018619,7573236266

	PROAIR HFA	AER	Select	Select		Taking
	CELECOXIB	CAP 200MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	INVEGA	INJ 156MG/ ML	Select	Select		Taking
	LATUDA	TAB 80MG	Select	Select		Taking
	TOPIRAMATE	TAB 100MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 30MG	Select	Select		Taking
	CLONIDINE	TAB 0.1MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	PALIPERIDONE	TAB ER 3MG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	AZITHROMYCIN	POW 1GM PAK	Select	Select		Taking
	CELECOXIB	CAP 200MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: African American

### Preferred language

Answer: English

## 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

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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	
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

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

Answer:

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Assessors Comments :