

CONFIDENTIAL INFORMATION

From :

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

To :

CHAPMAN, CORRY
2 E Glebe Rd
223052938

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

CHAPMAN, CORRY
2 E Glebe Rd
Alexandria

CHAPMAN, CORRY

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:

YEMENASHU G GUCHALE
1943-09-01
11012037

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 : YEMENASHU G GUCHALE
Date of Birth : 1943-09-01
Evaluator Name : undefined
Gender : Female
Lob : DSNP
Email :

Age : 78
Member ID : 11012037
Date : undefined
Address : 4452 RALEIGH AVE,ALEXANDRIA,VA
Marital Status : Single
Phno : 6789335121,5712142932

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	78	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select	2021-11-18	test 1		
HBA1C	Select				
MICROALBUMIN	Select	2022-02-02			
FOBT	Select				
DEXA	Select				
PAD	Select	2021-12-22	test 2		
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	SMZ/TMP DS	TAB 800-160	Select	Select		Taking
	LOSARTAN POT	TAB 25MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	VIMPAT	TAB 200MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	LEVETIRACETA	TAB 250MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	QUETIAPINE	TAB 25MG	Select	Select		Taking

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	SMZ/TMP	TAB 800-160	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	LOSARTAN	TAB 25MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	VIMPAT	TAB 50MG	Select	Select		Taking
	LEVETIRACETA	TAB 250MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	QUETIAPINE	TAB 25MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	PROLIA	SOL 60MG/ ML	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: African American

Preferred language

Answer:

Diagnoses under Chronic Care Management

None

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?Less than 3rd grade

Comment :

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

Comment :

When you read the instructions on a prescription bottle would you say that it is?Somewhat difficult

Comment :

Care management related to patient's activity levels

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Email	:	Phno	: 6789335121,5712142932

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 :