

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

BOHANNON, ARLINE  
1250 E Marshall St  
232985023

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

BOHANNON, ARLINE  
1250 E Marshall St  
Richmond

BOHANNON, ARLINE

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:

VALORIE E THOMAS  
1963-12-19  
11012163

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	: VALORIE E THOMAS	Age	: 58
Date of Birth	: 1963-12-19	Member ID	: 11012163
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4800 BAILEY RIDGE LANE, APT. 4, PRINCE GEORGE, VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8047909959,8045168648

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	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
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	LOPERAMIDE	CAP 2MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	METOPROL TAR	TAB 50MG	Select	Select		Taking
	DILTIAZEM	CAP 120MG ER	Select	Select		Taking
	BREO ELLIPTA	INH 200-25	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	NYAMYC	POW 100000	Select	Select		Taking
	BD PEN NEEDL	MIS 32GX4MM	Select	Select		Taking
	LANTUS SOLOS	INJ 100/ML	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	INSULIN ASPA	INJ FLEXPEN	Select	Select		Taking

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	SUCRALFATE	TAB 1GM	Select	Select		Taking
	NYSTOP	POW 100000	Select	Select		Taking
	KETOCONAZOLE	CRE 0.02	Select	Select		Taking
	METOLAZONE	TAB 5MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	ONETOUCH	TES VERIO	Select	Select		Taking
	FUROSEMIDE	TAB 80MG	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	ATORVASTATIN	TAB 40MG	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	METOCLOPRAM	SOL 10/10ML	Select	Select		Taking
	SEVELAMER	TAB 800MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	LOSARTAN POT	TAB 50MG	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	ONETOUCH DEL	MIS PLUS 30G	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	TRUPLUS LANC	MIS 30G	Select	Select		Taking
	ADMELOG SOLO	INJ 100U/ML	Select	Select		Taking
	VELPHORO	CHW 500MG	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	METOPROL	TAB 50MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	LOPERAMIDE	CAP 2MG	Select	Select		Taking
	BREO	INH 200-25	Select	Select		Taking
	DILTIAZEM	CAP 240MG ER	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	BD PEN NEEDL	MIS 32GX4MM	Select	Select		Taking
	NYAMYC	POW 100000	Select	Select		Taking
	PROMETHAZINE	TAB 12.5MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	ONETOUCH	KIT ULTRA 2	Select	Select		Taking
	NITROGLYCERN	SUB 0.4MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking

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	MUPIROCIN	OIN 0.02	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	FUROSEMIDE	TAB 80MG	Select	Select		Taking
	METOLAZONE	TAB 5MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	BD	PAD SNGL USE	Select	Select		Taking
	VELPHORO	CHW 500MG	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	NYSTOP	POW 100000	Select	Select		Taking
	KETOCONAZOLE	CRE 0.02	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	INSULIN	INJ FLEXPEN	Select	Select		Taking
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	FLUTICASONE	SPR 50MCG	Select	Select		Taking
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	LOSARTAN	TAB 50MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	TRUPLUS	MIS 30G	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: **Caucasian**

Comment: caussian race

### Preferred language

Answer: **English**

## 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 :

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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? **Very difficult**

Comment :

## Social service referral to further assess social support infrastructure

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

Comment : **No till now**

## Counsel patient on and or provide medication for smoking cessation.

Tobacco Use **Current**

Comment :

Type

Comment

## Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? **No**

Comment :

## Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? **No**

Comment :

## Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Currently a caregiver for someone **Yes**

Comment :

## Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed? **Yes**

Comment :

Do you worry too much about different things? **Yes**

Comment :

Do you feel afraid that something bad might happen? **Yes**

Comment :

## Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

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: Cane , Prosthesis , Wheel Chair , Other

Comment: Yes it its

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:

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

Answer: None

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:

## 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	No
Breast Exam/Mammography	No
Cervical Screening	No
Bone Density	Not Applicable
Prostate Exam/PSA	
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	
Lipid Panel	Don't Know

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## Care management related to diagnoses and symptoms

### Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death

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

Answer: None

Assessors Comments :