

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. GOODMAN, ASHLEY D  
295 Wharton Ln NE  
Norton, VA, 242731541

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

GOODMAN, ASHLEY D  
295 Wharton Ln NE  
Norton, VA, 24273-1541

Dear Dr. GOODMAN, ASHLEY D

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:

DELLA J CARDONA  
1951-06-07  
11012345

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.

If you have any questions or if you want to set up an In-Home Health Review, please call us at <1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm>.

Sincerely,

Thomas Lundquist, M.D.  
Chief Medical Officer  
Virginia Premier Health

# Patient Assessment Summary

Name	: DELLA J CARDONA	Age	: 70
Date of Birth	: 1951-06-07	Member ID	: 11012345
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1116 1/2 Lawrence Ave,Bristol,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 276345157346,2768731917

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	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
	POT CHLORIDE	TAB 20MEQ ER	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	LISINOPRIL	TAB 10MG	Select	Select		Taking
	XIFAXAN	TAB 550MG	Select	Select		Taking
	NOVOLIN	INJ 70/30 FP	Select	Select		Taking
	LANTUS SOLOS	INJ 100/ML	Select	Select		Taking
	SPIRONOLACT	TAB 100MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	POT CL MICRO	TAB 20MEQ ER	Select	Select		Taking
	ROPINIROLE	TAB 0.5MG	Select	Select		Taking
	SERTRALINE	TAB 25MG	Select	Select		Taking

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	OXYCODONE	TAB 5MG	Select	Select		Taking
	ENULOSE	SOL 10GM/15	Select	Select		Taking
	ONDANSETRON	TAB 4MG	Select	Select		Taking
	METOPROL TAR	TAB 25MG	Select	Select		Taking
	ALENDRONATE	TAB 70MG	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking
	NYSTATIN	CRE 100000	Select	Select		Taking
	ENTECAVIR	TAB 0.5MG	Select	Select		Taking
	FLUCONAZOLE	TAB 200MG	Select	Select		Taking
	CONSTULOSE	SOL 10GM/15	Select	Select		Taking
	HUMULIN	INJ 70/30	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	GENERLAC	SOL 10GM/15	Select	Select		Taking
	NOVOLOG MIX	INJ FLEXPEN	Select	Select		Taking
	TRUE METRIX	TES GLUCOSE	Select	Select		Taking
	NEOMYCIN	TAB 500MG	Select	Select		Taking
	TENOFOVIR	TAB 300MG	Select	Select		Taking
	EMBRACE LANC	MIS THIN 30G	Select	Select		Taking
	HW EMBRACE	TES STRIPS	Select	Select		Taking
	KETOROLAC	TAB 10MG	Select	Select		Taking
	ALCOHOL	PAD	Select	Select		Taking
	INSULIN ASPA	INJ FLEXPEN	Select	Select		Taking
	INSULIN SYRG	MIS 1ML/28G	Select	Select		Taking
	MICONAZOLE 3	SUP 200MG	Select	Select		Taking
	EASY TOUCH	MIS	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	LISINOPRIL	TAB 10MG	Select	Select		Taking
	METOPROL	TAB 25MG	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	POT CHLORIDE	TAB 20MEQ ER	Select	Select		Taking
	SPIRONOLACT	TAB 100MG	Select	Select		Taking
	XIFAXAN	TAB 550MG	Select	Select		Taking
	NOVOLIN	INJ 70/30 FP	Select	Select		Taking
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	LANTUS	INJ 100/ML	Select	Select		Taking
	ONDANSETRON	TAB 4MG	Select	Select		Taking
	CITALOPRAM	TAB 20MG	Select	Select		Taking
	GENERLAC	SOL 10GM/15	Select	Select		Taking
	NOVOLOG	INJ FLEXPEN	Select	Select		Taking

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	NYSTATIN	CRE 100000	Select	Select		Taking
	ROPINIROLE	TAB 0.5MG	Select	Select		Taking
	OXYCODONE	TAB 10MG	Select	Select		Taking
	ENULOSE	SOL 10GM/15	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	POT CL MICRO	TAB 20MEQ ER	Select	Select		Taking
	SERTRALINE	TAB 25MG	Select	Select		Taking
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	ALENDRONATE	TAB 70MG	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	HUMULIN	INJ 70/30	Select	Select		Taking
	ENTECAVIR	TAB 0.5MG	Select	Select		Taking
	CONSTULOSE	SOL 10GM/15	Select	Select		Taking
	INSULIN	INJ FLEXPEN	Select	Select		Taking
	TRUE	TES GLUCOSE	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	MICONAZOLE	SUP 200MG	Select	Select		Taking
	NEOMYCIN	TAB 500MG	Select	Select		Taking
	TENOFOVIR	TAB 300MG	Select	Select		Taking
	HW	TES STRIPS	Select	Select		Taking
	KETOROLAC	TAB 10MG	Select	Select		Taking
	EMBRACE	MIS THIN 30G	Select	Select		Taking
	ALCOHOL	PAD	Select	Select		Taking
	EASY	MIS	Select	Select		Taking
	HYDROXYZ	CAP 25MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: **Caucasian**

### - Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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## 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:

## 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	

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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:

Assessors Comments :