

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. SKINNER, ALISON C
3253 Taylor Rd
Chesapeake, VA, 233212452

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

SKINNER, ALISON C
3253 Taylor Rd
Chesapeake, VA, 23321-2452

Dear Dr. SKINNER, ALISON C

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:

ANGELA BATTLE
1948-12-27
11012758

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	: ANGELA BATTLE	Age	: 72
Date of Birth	: 1948-12-27	Member ID	: 11012758
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 4101 JENNIFER CRESENT,CHESAPEAKE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 7577388971,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	72	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
	SIMVASTATIN	TAB 40MG	Select	Select		Taking
	MEMANTINE	TAB HCL 5MG	Select	Select		Taking
	LISINOP/HCTZ	TAB 10-12.5	Select	Select		Taking
	NIFEDIPINE	TAB 90MG ER	Select	Select		Taking
	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	ZOLPIDEM	TAB 5MG	Select	Select		Taking
	RIVASTIGMINE	DIS 13.3/24	Select	Select		Taking
	OXYBUTYNIN	TAB 5MG	Select	Select		Taking
	SERTRALINE	TAB 25MG	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	LISINOP/HCTZ	TAB 10-12.5	Select	Select		Taking
	SIMVASTATIN	TAB 40MG	Select	Select		Taking
	MEMANTINE	TAB HCL 5MG	Select	Select		Taking
	NIFEDIPINE	TAB 90MG ER	Select	Select		Taking

Patient Assessment Summary

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Email	:	Phno	: 7577388971,

	FUROSEMIDE	TAB 40MG	Select	Select		Taking
	RIVASTIGMINE	DIS 13.3/24	Select	Select		Taking
	ZOLPIDEM	TAB 5MG	Select	Select		Taking
	NITROFURANTN	CAP 100MG	Select	Select		Taking
	OXYBUTYNIN	TAB 5MG	Select	Select		Taking
	SERTRALINE	TAB 25MG	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

- 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? : Very difficult

Comment :

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)

Patient Assessment Summary

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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

Family History

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

Answer:

Assessors Comments :