

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. Unable to recall name ??

Danville, VA,

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

Unable to recall name ??

Danville,VA,

Dear Dr. Unable to recall name ??

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:

JASON L MYERS
1987-07-20
11012796

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 : JASON L MYERS Age : 34
Date of Birth : 1987-07-20 Member ID : 11012796
Evaluator Name : undefined Date : undefined
Gender : Male Address : 115 WESTMORELAND COURT,DANVILLE,VA
Lob : DSNP Marital Status : Single
Email : Phno : 4344413950,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	0
Age	34	Patients Height	5 feet 5 inch	Patients Weight	150 lbs
BMI	25.0(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				Virtual, no screenings
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	No				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Seizures	CARBAMAZEPIN	CAP 300MG ER	PO = By Mouth	TID	Neurologist	Taking
Seizures	GABAPENTIN	CAP 300MG	PO = By Mouth	TID	Neurologist	Taking

Over the Counter Medications / Supplements

Answer: yes

Date	Description	Dose/Units	Route	Frequency
2021-07-24	Tylenol	325mg	PO = By Mouth	prn aches/pain

- Race

Answer: African American

- Preferred language

Answer: English

Patient Assessment Summary

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Diagnoses under Chronic Care Management

Active

Seizure Disorder, Supported By History of recurrent seizures, Medications

Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : 0

Comment :

- 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.

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

Comment :

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

Comment :

How confident are you in filling out medical forms by yourself? : Not Very Confident

Comment :

- Social service referral to further assess social support infrastructure

Who do you currently live with? : Alone

Comment :

Do you have someone who can help if you are sick or have problems? : Yes

Comment :

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

Tobacco Use : Current

Comment :

Type : Vaping

Comment : Encouraged tobacco/vaping cessation, not interested in quitting at this time

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : No

Comment :

- Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? : No

Comment :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : No

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 ADLs

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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**

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Neurologist		Seizure Disorder

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

Comment: Visits prn only. Followed by Neurology Q1yr

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: **No**

- 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: **None**

Care management related to preventive care

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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	Not Applicable
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	No
If Diabetic Eye Exam	Not Applicable
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Not Applicable
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	Cancer (?)	
Other	MGM (DM, HTN)	

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

Answer: None

Assessors Comments :

Annual Health Assessment, responses provided by member (Myers)

He's followed by Neurology for Epilepsy, currently doing well & stable on current Tx regimen, no seizures for over 20yrs.

He is reportedly feeling well overall, stable on current Tx & denies any new complaints/concerns/complications.

**Provided counseling for Preventive Health maintenance recommendations

**Virtual visit, therefore some blank responses due to limited assessment info.

**Verification: Name/DOB