



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

ALBERS, GREGG
2811 Linkhorne Dr Ste A
Lynchburg, VA, 245033354

Dear Dr. ALBERS, GREGG

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:

JAMES S SCOTT
1955-01-15
11013252

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 : JAMES S SCOTT
Date of Birth : 1955-01-15
Evaluator Name : test
Gender : Male
Lob : DSNP
Email :

Age : 66
Member ID : 11013252
Date :
Address : 5658 HEIGHTS SCHOOL ROAD,PAMPLIN,VA
Marital Status : Single
Phno : 4344145133,8044929594

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	66	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
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	JANTOVEN	TAB 5MG	Select	Select		Taking
	LOSARTAN POT	TAB 100MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	ZOLPIDEM	TAB 5MG	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	EZETIMIBE	TAB 10MG	Select	Select		Taking
	ROSUVASTATIN	TAB 20MG	Select	Select		Taking
	OLMESA MEDOX	TAB 40MG	Select	Select		Taking

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	CARVEDILOL	TAB 25MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	LISINOPRIL	TAB 10MG	Select	Select		Taking
	WARFARIN	TAB 5MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking
	LOSARTAN	TAB 100MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	CLOPIDOGREL	TAB 75MG	Select	Select		Taking
	JANTOVEN	TAB 3MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	ZOLPIDEM	TAB 5MG	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	WARFARIN	TAB 5MG	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	ROSUVASTATIN	TAB 20MG	Select	Select		Taking
	EZETIMIBE	TAB 10MG	Select	Select		Taking
	OLMESA	TAB 40MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	LISINOPRIL	TAB 10MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: African American

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

None

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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)

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

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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 :