



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

POWERS, DAVID C  
200 E 5th St  
Chase City, VA, 23924-1456

Dear Dr. POWERS, DAVID 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:

JASMINE BRAGG  
1997-05-21  
11013339

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	: JASMINE BRAGG	Age	: 24
Date of Birth	: 1997-05-21	Member ID	: 11013339
Evaluator Name	: test	Date	:
Gender	: Female	Address	: 405 CHURCH STREET,KENBRIDGE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4342621089,8044189114

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	24	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
	SELENIUM SUL	LOT 0.025	Select	Select	Taking	Taking
	TRIAMCINOLON	OIN 0.001	Select	Select	Taking	Taking
	HYDROCORT	OIN 0.025	Select	Select	Taking	Taking
	FLUCONAZOLE	TAB 150MG	Select	Select	Taking	Taking
	FLUCIN ACET	OIL 0.01% SC	Select	Select	Taking	Taking
	KETOCONAZOLE	CRE 0.02	Select	Select	Taking	Taking
	CHLORHEX GLU	SOL 0.0012	Select	Select	Taking	Taking
	HYDROCHLOROT	CAP 12.5MG	Select	Select	Taking	Taking
	AMOXICILLIN	CAP 500MG	Select	Select	Taking	Taking
	SELENIUM	LOT 0.025	Select	Select	Taking	Taking
	TRIAMCINOLON	OIN 0.001	Select	Select	Taking	Taking
	KETOCONAZOLE	CRE 0.02	Select	Select	Taking	Taking
	HYDROCHLOROT	CAP 12.5MG	Select	Select	Taking	Taking
	FLUCONAZOLE	TAB 150MG	Select	Select	Taking	Taking

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	FLUOCIN	OIL 0.01% SC	Select	Select	Taking	Taking
	HYDROCORT	OIN 0.025	Select	Select	Taking	Taking

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: African American

### - Preferred language

Answer:

## 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? : Completed 3rd grade

Comment :

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

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- 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:

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## 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	

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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 :