



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

MURRAY, WILLIAM H
3263 Proffit Rd
Charlottesville, VA, 22911-5639

Dear Dr. MURRAY, WILLIAM H

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:

CRYSTAL HAWKINS
11013464

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	: CRYSTAL HAWKINS	Age	: 49
Date of Birth	: 1972-01-02	Member ID	: 11013464
Evaluator Name	: test	Date	:
Gender	: Female	Address	: 20 PASTURE LANE,STANARDSVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 4349896837,5405136160

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	49	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
	FLUCONAZOLE	TAB 150MG	Select	Select		Taking
	QVAR REDIHA	AER 80MCG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	ESTRADIOL	DIS 0.1MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	PROCHLORPER	TAB 10MG	Select	Select		Taking
	AMITRIPTYLIN	TAB 25MG	Select	Select		Taking
	NYSTATIN	POW 100000	Select	Select		Taking
	TOPIRAMATE	TAB 100MG	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	DICYCLOMINE	TAB 20MG	Select	Select		Taking
	NEO/POLY/HC	SUS 1% OTIC	Select	Select		Taking

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	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	ESOMEPRAMAG	CAP 40MG DR	Select	Select		Taking
	ACYCLOVIR	OIN 0.05	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	LINZESS	CAP 145MCG	Select	Select		Taking
	ERYTHROMYCIN	GEL 0.02	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	FREESTYLE	KIT SENSOR	Select	Select		Taking
	AMOX/K CLAV	TAB 875-125	Select	Select		Taking
	OZEMPIC	INJ 2/1.5ML	Select	Select		Taking
	GLIPIZIDE	TAB 10MG	Select	Select		Taking
	AIMOVIG	INJ 70MG/ML	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	NORTRIPTYLIN	CAP 10MG	Select	Select		Taking
	SPIRONOLACT	TAB 100MG	Select	Select		Taking
	FLUOXETINE	TAB 60MG	Select	Select		Taking
	BUPROPION HCL	TAB 300MG XL	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	CIMETIDINE	TAB 300MG	Select	Select		Taking
	DULOXETINE	CAP 60MG	Select	Select		Taking
	FLOVENT HFA	AER 110MCG	Select	Select		Taking
	AMOXICILLIN	TAB 875MG	Select	Select		Taking
	LOSARTAN/HCT	TAB 100-25	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	TRULICITY	INJ 0.75/0.5	Select	Select		Taking
	TIZANIDINE	TAB 4MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking
	BUSPIRONE	TAB 15MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG	Select	Select		Taking
	VALACYCLOVIR	TAB 500MG	Select	Select		Taking
	QUETIAPINE	TAB 25MG	Select	Select		Taking
	TRAMADOL HCL	TAB 50MG	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	SMZ/TMP DS	TAB 800-160	Select	Select		Taking
	HYDROCOD/APAP	TAB 5-325MG	Select	Select		Taking
	NALOXONE	INJ 1MG/ML	Select	Select		Taking
	FLUZONE QUAD	INJ 2020-21	Select	Select		Taking
	TOPIRAMATE	TAB 100MG	Select	Select		Taking

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	ACYCLOVIR	OIN 0.05	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	OMEPRazole	CAP 20MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	QVAR	AER 80MCG	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	LINZESS	CAP 145MCG	Select	Select		Taking
	ESTRADIOL	CRE 0.0001	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	NEO/POLY/HC	SUS 1% OTIC	Select	Select		Taking
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	DICYCLOMINE	TAB 20MG	Select	Select		Taking
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	FLUOXETINE	TAB 60MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	NORTRIPTYLIN	CAP 10MG	Select	Select		Taking
	FREESTYLE KIT SENSOR	KIT SENSOR	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	BUPROPN	TAB 300MG XL	Select	Select		Taking
	SPIRONOLACT	TAB 100MG	Select	Select		Taking
	CIMETIDINE	TAB 300MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking

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	TIZANIDINE	TAB 4MG	Select	Select		Taking
	LOSARTAN/HCT	TAB 100-25	Select	Select		Taking
	QUETIAPINE	TAB 25MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: **Caucasian**

- Preferred language

Answer:

Diagnoses under Chronic Care Management

None

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?

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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 :