

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ROSE, ROBERT M
1041 Sharon Rd Ste 205
King William, VA, 230863344

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

ROSE, ROBERT M
1041 Sharon Rd Ste 205
King William, VA, 230863344

Dear Dr. ROSE, ROBERT M

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:

WILMA GRAMMER
1944-12-23
11013677

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.

Sincerely,

Thomas Lundquist, M.D.
Chief Medical Officer
Virginia Premier Health

Patient Assessment Summary

Name	: WILMA GRAMMER	Age	: 77
Date of Birth	: 1944-12-23	Member ID	: 11013677
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 19456 KING WILLIAM RD,KING WILLIAM,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 8048854104,8045731557

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	77	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: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	FENOFIBRATE	TAB 160MG	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	SERTRALINE	TAB 25MG	Select	Select		Taking
	GLIPIZIDE ER	TAB 10MG	Select	Select		Taking
	LOSARTAN POT	TAB 50MG	Select	Select		Not Taking
	MIRTAZAPINE	TAB 7.5MG	Select	Select		Taking
	QUETIAPINE	TAB 25MG	Select	Select		Taking
	LEVEMIR	INJ FLEXTUOC	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	INSULIN ASPA	INJ FLEXPEN	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Not Taking
	BD PEN NEEDL	MIS 32GX4MM	Select	Select		Taking

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	HUMALOG KWIK	INJ 100/ML	Select	Select		Taking
	CHOLESTYRAM	POW 4GM LITE	Select	Select		Taking
	PRAVASTATIN	TAB 80MG	Select	Select		Taking
	JANUVIA	TAB 50MG	Select	Select		Taking
	PEN NEEDLES	MIS 31GX6MM	Select	Select		Not Taking
	NYSTATIN	CRE 100000	Select	Select		Taking
	TRUE METRIX	TES GLUCOSE	Select	Select		Taking
	DIPHEN/ATROP	TAB 2.5MG	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking
	HYDROCO/APAP	TAB 7.5-325	Select	Select		Taking
	METRONIDAZOL	TAB 500MG	Select	Select		Not Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	LIDOCAINE	SOL 2% VISC	Select	Select		Taking
	PROAIR HFA	AER	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	FENOFIBRATE	TAB 160MG	Select	Select		Taking
	AMLODIPINE	TAB 10MG	Select	Select		Taking
	PRAVASTATIN	TAB 80MG	Select	Select		Taking
	GABAPENTIN	TAB 600MG	Select	Select		Taking
	SUCRALFATE	TAB 1GM	Select	Select		Taking
	SERTRALINE	TAB 25MG	Select	Select		Taking
	MIRTAZAPINE	TAB 7.5MG	Select	Select		Taking
	GLIPIZIDE	TAB 10MG	Select	Select		Taking
	QUETIAPINE	TAB 25MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	INSULIN	INJ FLEXPEN	Select	Select		Taking
	LEVEMIR	INJ FLEXTUOC	Select	Select		Taking
	CHOLESTYRAM	POW 4GM LITE	Select	Select		Taking
	LOSARTAN	TAB 50MG	Select	Select		Taking
	NYSTATIN	SUS 100000	Select	Select		Taking
	TRUE	TES GLUCOSE	Select	Select		Taking
	PEN NEEDLES	MIS 31GX6MM	Select	Select		Taking
	JANUVIA	TAB 50MG	Select	Select		Taking
	BD PEN NEEDL	MIS 32GX5/32	Select	Select		Taking
	HYDROCO/APAP	TAB 7.5-325	Select	Select		Taking
	LEVOFLOXACIN	TAB 750MG	Select	Select		Taking

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	METRONIDAZOL	TAB 500MG	Select	Select		Taking
	HUMALOG	INJ 100/ML	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	DIPHEN/ATROP	TAB 2.5MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	LIDOCAINE	SOL 2% VISC	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Caucasian**

- 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.

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

Comment :

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

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 ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **No**

C. Toileting : **No**

Patient Assessment Summary

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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: Bedside Commode

Are you currently seeing any specialists?

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Seen your PCP : None

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:

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	Yes
Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	Don't Know

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

Care management related to diagnoses and symptoms

Family History

Answer: No

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

Answer: None

Assessors Comments :