

CONFIDENTIAL INFORMATION

From :

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

To :

AHMED, NOWSHEEN
5955 Harbour Park Dr
231122163

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

AHMED, NOWSHEEN
5955 Harbour Park Dr
Midlothian

AHMED, NOWSHEEN

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:

CECIL H WALKER
1956-08-30
11013827

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	: CECIL H WALKER	Age	: 65
Date of Birth	: 1956-08-30	Member ID	: 11013827
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 6536 BALSAM RD,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2038503247,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	65	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
	ACYCLOVIR	TAB 400MG	Select	Select		Taking
	TRELEGY	AER ELLIPTA	Select	Select		Taking
	ANORO ELLIPT	AER 62.5-25	Select	Select		Taking
	LISINOPRIL	TAB 40MG	Select	Select		Taking
	METFORMIN	TAB 500MG	Select	Select		Taking
	DEXAMETHASON	TAB 4MG	Select	Select		Taking
	ONETOUCH	TES ULTRA	Select	Select		Taking
	REVLIMID	CAP 25MG	Select	Select		Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	AMOXICILLIN	TAB 500MG	Select	Select		Taking
	CHLORHEX GLU	SOL 0.0012	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	REVLIMID	CAP 25MG	Select	Select		Taking

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	ONETOUCH	TES ULTRA	Select	Select		Taking
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	IBUPROFEN	TAB 800MG	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	CHLORHEX	SOL 0.0012	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: **Native Hawaiian or other Pacific Islander**

Preferred language

Answer: **Other**

If other,

Answer:

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

Limited English proficiency, may require the use of a translator and or written information provided in preferred language.

Preferred Language**Other**

Comment :

If other,

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 :

Care management related to patient's activity levels

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- 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**

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:

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 going forward.

Screen	Answer
Colonoscopy	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	

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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 :