

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

WRIGHT, COLLEEN K  
44084 Riverside Pkwy Ste 300  
201765102

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

WRIGHT, COLLEEN K  
44084 Riverside Pkwy Ste 300  
Leesburg

WRIGHT, COLLEEN K

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:

MATTHEW T GLOVIER  
2000-04-28  
11014169

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 : MATTHEW T GLOVIER  
Date of Birth : 2000-04-28  
Evaluator Name : undefined  
Gender : Male  
Lob : DSNP  
Email :

Age : 21  
Member ID : 11014169  
Date : undefined  
Address : 372 DUFF CIRCLE,CASTLEWOOD,VA  
Marital Status : Single  
Phno : 2769716810,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	21	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
	ARIPIRAZOLE	TAB 20MG	Select	Select		Taking
	MIRTAZAPINE	TAB 15MG	Select	Select		Taking
	PREDNISONE	TAB 50MG	Select	Select		Taking
	DIAZEPAM	TAB 2MG	Select	Select		Taking
	LEVOCARNITIN	TAB 330MG	Select	Select		Taking
	AMITRIPTYLIN	TAB 10MG	Select	Select		Taking
	LEVOTHYROXIN	TAB 125MCG	Select	Select		Taking
	NADOLOL	TAB 20MG	Select	Select		Taking
	DIVALPROEX	TAB 250MG DR	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	VALPROIC ACD	CAP 250MG	Select	Select		Taking
	AMOXICILLIN	TAB 875MG	Select	Select		Taking
	PREDNISONE	TAB 50MG	Select	Select		Taking

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	AMOXICILLIN	TAB 875MG	Select	Select		Taking
	ARIPIRAZOLE	TAB 20MG	Select	Select		Taking
	MIRTAZAPINE	TAB 15MG	Select	Select		Taking
	DIVALPROEX	TAB 250MG DR	Select	Select		Taking
	LEVOCARNITIN	TAB 330MG	Select	Select		Taking
	AMITRIPTYLIN	TAB 10MG	Select	Select		Taking
	DIAZEPAM	TAB 2MG	Select	Select		Taking
	NADOLOL	TAB 20MG	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	LEVOTHYROXIN	TAB 125MCG	Select	Select		Taking
	VALPROIC	CAP 250MG	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)

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Date of Birth	: 2000-04-28	Member ID	: 11014169
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 372 DUFF CIRCLE,CASTLEWOOD,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 2769716810,

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	
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 :