



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

BAGNALL, RICHARD D
120 Kings Way Ste 1400
Williamsburg, VA, 23185-2508

Dear Dr. BAGNALL, RICHARD D

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:

FRANKLIN RICHARDSON
1961-07-20
11014958

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 : FRANKLIN RICHARDSON
Date of Birth : 1961-07-20
Evaluator Name : test
Gender : Male
Lob : DSNP
Email :

Age : 60
Member ID : 11014958
Date :
Address : 611 KATES TRACE CIRCLE APT E,NEWPORT NEWS,VA
Marital Status : Single
Phno : 7575270200,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	60	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
	ATORVASTATIN	TAB 40MG	Select	Select	Taking	Taking
	OXYCOD/APAP	TAB 10-325MG	Select	Select	Taking	Taking
	TRAZODONE	TAB 50MG	Select	Select	Taking	Taking
	XARELTO	TAB 20MG	Select	Select	Taking	Taking
	RISPERIDONE	TAB 0.5MG	Select	Select	Taking	Taking
	METFORMIN	TAB 500MG ER	Select	Select	Taking	Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select	Taking	Taking
	MELOXICAM	TAB 15MG	Select	Select	Taking	Taking
	GABAPENTIN	CAP 100MG	Select	Select	Taking	Taking
	ESCITALOPRAM	TAB 20MG	Select	Select	Taking	Taking
	AMLOD/ATORVA	TAB 10-10MG	Select	Select	Taking	Taking
	LISINOPRIL	TAB 20MG	Select	Select	Taking	Taking
	METOPROL TAR	TAB 50MG	Select	Select	Taking	Taking

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	OXYCOD/APAP	TAB 10-325MG	Select	Select	Taking	Taking
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	RISPERIDONE	TAB 0.5MG	Select	Select	Taking	Taking
	METFORMIN	TAB 500MG ER	Select	Select	Taking	Taking
	ATORVASTATIN	TAB 40MG	Select	Select	Taking	Taking
	ESCITALOPRAM	TAB 20MG	Select	Select	Taking	Taking
	XARELTO	TAB 20MG	Select	Select	Taking	Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select	Taking	Taking
	MELOXICAM	TAB 15MG	Select	Select	Taking	Taking
	GABAPENTIN	CAP 100MG	Select	Select	Taking	Taking
	LISINOPRIL	TAB 20MG	Select	Select	Taking	Taking
	METOPROL	TAB 50MG	Select	Select	Taking	Taking
	AMLOD/ATORVA	TAB 10-10MG	Select	Select	Taking	Taking
	BACLOFEN	TAB 10MG	Select	Select	Taking	Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: African American

- Preferred language

Answer: English

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? : Very difficult

Comment :

Care management related to patient's activity levels

If no activities are checked as need some help or total help

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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	
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:

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Assessors Comments :