



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

BURKHOLDER, BRENDEN  
2900 LAMB CIRCLE  
CHRISTIANSBURG, VA, 240736344

Dear Dr. BURKHOLDER, BRENDEN

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:

DEBORAH A SEXTON  
11015608

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	: DEBORAH A SEXTON	Age	: 66
Date of Birth	: 1955-03-12	Member ID	: 11015608
Evaluator Name	: test	Date	: 2021-12-06T12:05
Gender	: Female	Address	: 1965 BURKE ROAD,GRETNA,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 3046739836,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	66	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
	HYDROXYZ HCL	TAB 25MG	Select	Select		Taking
	SEVELAMER	TAB 800MG	Select	Select		Taking
	CARVEDILOL	TAB 12.5MG	Select	Select		Not Taking
	ROSUVASTATIN	TAB 20MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Not Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
	LOSARTAN POT	TAB 100MG	Select	Select		Not Taking
	COLCHICINE	TAB 0.6MG	Select	Select		Taking
	ALLOPURINOL	TAB 100MG	Select	Select		Taking
	TORSEMIDE	TAB 20MG	Select	Select		Not Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Not Taking
	ESCITALOPRAM	TAB 10MG	Select	Select		Taking

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	SYMBICORT	AER 160-4.5	Select	Select		Taking
	ALBUTEROL	AER HFA	Select	Select		Not Taking
	ALBUTEROL SUL	FAT E	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Not Taking
	BUDES/FORMOT	AER 160-4.5	Select	Select		Taking
	CALCITRIOL	CAP 0.25MCG	Select	Select		Not Taking
	PREVNAR 13	INJ	Select	Select		Taking
	FLUZONE HD	INJ PF 20-21	Select	Select		Taking
	HYDROXYZ	TAB 25MG	Select	Select		Taking
	BUDES/FORMOT	AER 160-4.5	Select	Select		Taking
	SEVELAMER	TAB 800MG	Select	Select		Taking
	TORSEMIDE	TAB 20MG	Select	Select		Taking
	AMLODIPINE	TAB 5MG	Select	Select		Taking
	HYDRALAZINE	TAB 50MG	Select	Select		Taking
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	ALBUTEROL	AER HFA	Select	Select		Taking
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	FLUZONE	INJ PF 20-21	Select	Select		Taking
	PREVNAR	INJ	Select	Select		Taking
	BUPROPION	TAB 150MG SR	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer: No

### - Race

Answer: Caucasian

### - Preferred language

Answer:

## Diagnoses under Chronic Care Management

None

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## Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : 2

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.

How much school have you completed? : Completed 3rd grade

Comment :

- Social service referral to further assess current living conditions.

Where do you currently live? : Nursing Home

Comment :

- Social service referral to further assess social support infrastructure

Who do you currently live with? : Alone

Comment :

Do you have someone who can help if you are sick or have problems? : No

Comment :

## Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

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: None

Comment: None..

Are you currently seeing any specialists?

Answer: No

- Patient should be referred for a physical therapy evaluation related to ADLs.

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Refer patient for a physical therapy evaluation

A. Seen your PCP : 1

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

B. Visited the Emergency Room : 1

If one or more, describe

C. Stayed in the hospital overnight : 1

If one or more, describe

D. Been in a nursing home : 1

If one or more, describe

E. Had Surgery : 1

If one or more, describe

- 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	Not Applicable
Breast Exam/Mammography	Don't Know
Cervical Screening	Yes
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	Don't Know
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	No
Lipid Panel	Not Applicable

## Care management related to diagnoses and symptoms

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## Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	yu	yuyio
Father	uio	hyuio

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

Answer: None

## Assessors Comments :

the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all questions and concerns regarding medical care and treatment or, in the event of an emergency