

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ALEXANDER, DAWN
231 Garrisonville Rd
Stafford, VA, 225541604

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

ALEXANDER, DAWN
231 Garrisonville Rd
Stafford, VA, 22554-1604

Dear Dr. ALEXANDER, DAWN

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:

TANYA MABRY
1967-07-07
11018142

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	: TANYA MABRY	Age	: 54
Date of Birth	: 1967-07-07	Member ID	: 11018142
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 5622 LUCAS STREET,FREDERICKSBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5402873588,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	4
Age	54	Patients Height	5 feet 4 inch	Patients Weight	142 lbs
BMI	24.4(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	No				assessment completed virtually
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: yes

Substance	Reaction
pollen, cats, dogs	rhinitis
environmental	rhinitis

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
hypertension	isosorbide mononitrate	30mg tab	PO = By Mouth	QD		Taking
allergies	Levocetirizine	5mg tab	PO = By Mouth	QD		Taking
hypertension	losartan	50mg tab	PO = By Mouth	QD		Taking
diabetes	metformin	500mg tab	PO = By Mouth	QD		Taking
migraine	Nortriptyline	25mg cap	PO = By Mouth	QD		Taking
nightmares	prazosin	2mg cap	PO = By Mouth	HS		Taking
migraine	nurtec	75mg tab	PO = By Mouth	PRN		Taking
cholesterol	rosuvastatin	5mg tab	PO = By Mouth	HS		Taking
pain	Tizanidine	4mg tab	PO = By Mouth	HS		Taking
migraine	topiramate	100mg	PO = By Mouth	BID		Taking

Patient Assessment Summary

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Email : Phno : 5402873588,

menopause	estradiol	1 tab	PO = By Mouth	QD		Taking
pain	Tramadol	37.5mg tab	PO = By Mouth	PRN		Taking
GERD	Pantoprazole	40mg	PO = By Mouth	QD		Taking
hypertension	carvedilol	25mg	PO = By Mouth	BID		Taking
hypertension	hydralazine	25mg	PO = By Mouth	BID		Taking
antiplatelet	clopidogrel	75mg	PO = By Mouth	QD		Taking
asthma	Budesonide/ Formoterol	2 puffs	PO = By Mouth	BID		Taking
vitamin d deficiency	cholecalciferol	50mcg	PO = By Mouth	QD		Taking
neuropathy	gabapentin	300mg	PO = By Mouth	QID		Taking
hypertension	Hydroxychloroquine	200mg	PO = By Mouth	QD		Taking
nausea	Ondansetron	4mg	PO = By Mouth	PRN		Taking
allergies	Fluticasone	2 sprays	N = Nasal	QD		Taking
asthma	Albuterol	2 puffs	PO = By Mouth	PRN		Taking
anxiety	Clonazepam	1mg	PO = By Mouth	QD		Taking
IBS	dicyclomine	20mg	PO = By Mouth	BID		Taking

Over the Counter Medications / Supplements

Answer: No

- Race

Answer: African American

- Preferred language

Answer: English

Diagnoses under Chronic Care Management

Active

Other, Supported By Medications

Other : environmental allergies

Asthma, Supported By Chronic Cough, Use of Bronchodilator, Use of Inhaled or oral steroids

Is patient on controller medications : Yes

Does patient use rescue medications : Yes

Does patient have current exacerbation : No

Hyperlipidemia, Supported By Medication

Is patient on Statin : Yes

Hypertension, Supported By Medications

Adequately controlled : No

GERD, Supported By Heartburn / Dyspepsia, Medications

Other, Supported By Symptoms, Medications

Other : irritable bowel syndrome

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Generalized Anxiety Disorder, Supported By Antianxiety medication

Migraine Headaches, Supported By Medications

Peripheral Neuropathy, Supported By Physical findings

Secondary to Diabetes : **Yes**

Other, Supported By Medications

Other : **post traumatic stress disorder**

Diabetes, Supported By Medications

Type : **Type 2**

Most recent Hb A1C, value : **<7**

And Date : **within last three months**

Met with a nurse or dietician for diabetic education : **Yes**

Met with a diabetic educator : **Yes**

Treatment includes : **Oral hypoglycemic agent**

History Of

TIA, Supported By History

Care management related to self - assessment and psychosocial behaviors

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : **Sometimes**

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? : **Yes**

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? : **No**

Comment :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : **No**

Comment :

- Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed? : **Yes**

Comment :

Do you worry too much about different things? : **Yes**

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: None

Comment:

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Nephrologist		Kidneys
Neurologist		migraines
Cardiologist		Hypertension-uncontrolled
Psychiatrist		PTSD, anxiety
Pulmonologist		asthma

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **2**

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

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- Have you ever physically or felt emotionally abused by someone

Answer: **Yes**

Comment: in the past

-Have you lost weight in the past 6 months?

Answer: **None**

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

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 : Assessment completed virtually some items could not be obtained. Identity confirmed via name and DOB