



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

SAILOR, JANE P
25 Northridge Ln Ste 1
Lexington, VA, 244503399

Dear Dr. SAILOR, JANE P

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:

TIMOTHY BREEDEN
11018317

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	: TIMOTHY BREEDEN	Age	: 58
Date of Birth	: 1963-02-02	Member ID	: 11018317
Evaluator Name	: test	Date	: 2021-12-02T12:14
Gender	: Male	Address	: PO Box 103,NATURAL BRIDGE ST,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 5407848281,5407849807

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	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
	Famotidine	20 mg	PO = By Mouth	AC	dina	Taking
	Rabeprazole	100mg	SQ = Subcutaneous	PC	leena	Not 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

- 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 :

When you read the instructions on a prescription bottle would you say that it is? : **Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself? : **Not Very Confident**

Comment :

- Social service referral to further assess social support infrastructure

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

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

Currently a caregiver for someone : **Yes**

Comment :

- Further assessment is required with a PHQ9 and or referral for a psychological evaluation

having you had little interest or pleasure in doing things : **More than half the days**

Comment :

Care management related to patient's activity levels

- 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**

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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: Walker , Bed Pan

Are you currently seeing any specialists?

Answer: No

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : None

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

- Have you ever physically or felt emotionally abused by someone

Answer: No

-Have you lost weight in the past 6 months?

Answer: 10lbs

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

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Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	hnhn	hurhu
Mother	yju	thyhyu

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

Answer: None

Assessors Comments :