

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. PARK, HYU KWON  
8631 Namozine Rd  
Amelia Court House, VA, 230023410

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PARK, HYO KWON  
8631 Namozine Rd  
Amelia Court House, VA, 230023410

Dear Dr. PARK, HYO KWON

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:

DELIA C JACKSON  
1978-03-02  
11000090

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	: DELIA C JACKSON	Age	: 44
Date of Birth	: 1978-03-02	Member ID	: 11000090
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-24 12:16 PM
Gender	: Female	Address	: 11640 CLEMENTOWN ROAD,AMELIA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8045614558, 8047297305
Primary Language	: English	Race	: African American

## Vital Signs

Blood Pressure	20/30 mmHG	Pulse	100 bpm	Respiratory Rate	120
Temp	130	Pulse Oximetry	112	Pain Scale /10	9
Age	44	Patients Height	12 feet 02 inch	Patients Weight	123 lbs
BMI	4.1 (Moderate Obesity)				

## Allergies

Substance	Reaction
fgfhg	fgggt
yuiu	hgyhy

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
tgf	Ranitidine	ghfh	PO = By Mouth	AC	gh	Taking
tghy	Rabeprazole	hgyh	IV = Intravenous	PC	hyyj	Not Taking
tyuy	Esomprazole	hjj	R = Rectal	QOD	hyju	Taking

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisitive Devices and DME

Comment : none

Cane, Walker

Comment : assisitive devices

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

Yes

Worries about falling or feeling unsteady when standing or walking?

Yes

Did you have a fracture in past 6 months?

No

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 1

Number of times in past 12 months been to the Emergency Room : 1  
chest paint

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Lob : DSNP Marital Status :  
Email : Phone : 8045614558, 8047297305  
Primary Language : English Race : African American

Number of times in past 12 months stayed overnight in hospital : 2

chest pain

Number of times in past 12 months been in a nursing home : 5

fight

Had Surgery in the last 12 months : 1

yes

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	PARK, HYU KWON	
ENT	MR. bBLUE	cANCER

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes	2022-02-24		tgfhly	hytu
FOBT	Yes	2022-02-22		yht	yhuyu
A1C	Yes	2022-04-14		ytut	yu
LDL	Yes	2022-02-26		tytuy	yuyiyi
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 3

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetic Foot Exam	
Cholesterol Screening	
Osteoporosis Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

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Gender : Female  
Lob : DSNP  
Email :  
Primary Language : English

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Smoking/Tobacco	
Healthcare Proxy	
Food Disparity	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Hearing evaluation	
Dental exam	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Assessor Comments	
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