

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. JONES, SHAVON C  
157 N Main StSte A  
Suffolk, VA, 234344565

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

JONES, SHAVON C  
157 N Main St Ste A  
Suffolk, VA, 234344565

Dear Dr. JONES, SHAVON C

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:

ROBERT L HARRIS  
1960-04-10  
11000138

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	: ROBERT L HARRIS	Age	: 61
Date of Birth	: 1960-04-10	Member ID	: 11000138
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-12 01:55 AM
Gender	: Male	Address	: 1205 SOUTH ST., APT. B,FRANKLIN,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7573049712,
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	61	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

None

## Care management related to past medical history

Number of times in the past 12 months seen PCP :

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

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

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

Had Surgery in the last 12 months :

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	JONES, SHAVON C	

## 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
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# Patient Assessment Summary

Name : ROBERT L HARRIS

Date of Birth : 1960-04-10

Evaluator Name : test clinicianFE, FNP

Gender : Male

Lob : DSNP

Email :

Primary Language :

Age : 61

Member ID : 11000138

Date : 2022-3-12 01:55 AM

Address : 1205 SOUTH ST., APT. B,FRANKLIN,VA

Marital Status :

Phone : 7573049712,

Race : African American

MICROALBUMIN	Yes				
FOBT	Yes				
A1C	Yes				
LDL	Yes				
RETINAL EYE EXAM	Yes				
DEXA	Yes				
PAD	Yes		L: R:		

PHQ 2 Score:

Preventative Follow up needed  
Screenings

None

Social

None

Disease Management

None

Assessor Comments	
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