

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. PASCO, HAYDEN
12018 W Broad St Ste 100
Richmond, VA, 232337796

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500 West Cummings Park
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Woburn, MA 01801

PASCO, HAYDEN
12018 W Broad St Ste 100
Richmond, VA, 232337796

Dear Dr. PASCO, HAYDEN

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:

STEPHANIE E JACK
1952-03-08
11000139

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	: STEPHANIE E JACK	Age	: 70
Date of Birth	: 1952-03-08	Member ID	: 11000139
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-24 12:40 PM
Gender	: Female	Address	: 623 E BROADWAY,HOPEWELL,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: (434) 394-2422, (434) 394-2422
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	125/96 mmHG	Pulse	98 bpm	Respiratory Rate	25
Temp	97.5	Pulse Oximetry	99	Pain Scale /10	7
Age	70	Patients Height	5 feet 6 inch	Patients Weight	350 lbs
BMI	56.5 (Morbid Obesity)				

Allergies

Substance	Reaction
Allergi	Itching
Yes	Red burns

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
Dia	Rabeprazole	10ml	IV = Intravenous	PC	Prescribed	Taking
Gnoses	Lansoprazole	5mg	EA = Ear	QOD	Physician	Not Taking

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-02-02	Desc	50mg	IV = Intravenous	Daily
2021-12-05	Cription	100	S = Sublingual	Weekly

Diagnoses under Chronic Care Management

Active

1. Legally Blind, Other - Eye burning
2. Depression

History of

1. Cataracts

Care management related to patient's activity levels

Assisitive Devices and DME

Comment : No

Cane

Comment : Using cane

Falls during the past year

None

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Care management related to past medical history

Number of times in the past 12 months seen PCP : **None**
Number of times in past 12 months been to the Emergency Room : **3**
Emerg
Number of times in past 12 months stayed overnight in hospital : **4**
Hosp Over night
Number of times in past 12 months been in a nursing home : **5**
Nursing home
Had Surgery in the last 12 months : **1**
Surgery
Ever been hospitalized prior to the past 12 months: **Yes**
Hosp

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	PASCO, HAYDEN	

Family History:

Family Member	Medical Condition	Cause of Death
Mother	MR	Not sure
Father	FR	Dont know
Sibling3	Si	May be
Other	Oe	yes

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes				
FOBT	No				
A1C	Yes				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	Yes	2022-02-20	L: PAD R L(Normal) R: PAD R R(Moderate).	PAD Diag	PAD Comments

PHQ 2 Score: 1

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Colorectal Screening	
Influenza Vaccine	

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COVID-19 Vaccine	
Pneumococcal Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	
Diabetic Foot Exam	
Cholesterol Screening	
Glaucoma Screening	
STIs/HIV Screening	
Cervical Cancer Screening	
Osteoporosis Screening	
Prostate Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	10
Hepatitis C Screening	11
Nutrition/ weight management	50
Other	51

Social

Smoking/Tobacco	Rec 01
Substance Abuse	2
Durable Power of attorney	3
Healthcare Proxy	4
Advanced Directive	5
Food Disparity	6
Literacy	7
Social support evaluation	8

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	12
Discuss medication side effects with your Doctor	13
Hearing evaluation	17
Dental exam	18
Eye exam	19
Swallowing evaluation	20
Blood Pressure checks	25
Heart Healthy Diet	26
Exercise 30 min a day	27
Discuss PT/OT evaluation with PCP	36
Check Blood sugar	42
Report abnormal bruising or bleeding	45

Patient Assessment Summary

Name

Date of Birth

Evaluator Name

Gender

Lob

Email

Primary Language

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: 1952-03-08

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: Female

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Follow up with doctor for lab work	46
Take medications as prescribed	21 23 28 30 32 34 37 39 41 44 48
Other	14 22 24 29 31 33 35 38 40 43 47 49

Assessor Comments	Comments 1 2 3
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