

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MUJEEBUDDIN, MOHAMMAD  
1012 Winston Churchill Dr  
Hopewell, VA, 238605141

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MUJEEBUDDIN, MOHAMMAD  
1012 Winston Churchill Dr  
Hopewell, VA, 238605141

Dear Dr. MUJEEBUDDIN, MOHAMMAD

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:

HARRY L ANDERSON  
1951-08-11  
11000164

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	: HARRY L ANDERSON	Age	: 70
Date of Birth	: 1951-08-11	Member ID	: 11000164
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-5 01:15 PM
Gender	: Male	Address	: 109 S 12TH AVENUE,HOPEWELL,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042555552,
Primary Language	: English	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	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

Three times

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

No

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

No

Are you on osteoporosis med?

No

## 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 : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	MUJEEBUDDIN, MOHAMMAD	

## Family History:

# Patient Assessment Summary

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None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Eye exam	
Take medications as prescribed	
Other	

Assessor Comments	
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