

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BROWN, BENJAMIN T  
4038 Thomas Nelson Hwy  
Arrington, VA, 229222302

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500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

BROWN, BENJAMIN T  
4038 Thomas Nelson Hwy  
Arrington, VA, 22922-2302

Dear Dr. BROWN, BENJAMIN T

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:

JESSIE M IRVING  
1963-09-08  
11000186

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	: JESSIE M IRVING	Age	: 58
Date of Birth	: 1963-09-08	Member ID	: 11000186
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-29 02:12 PM
Gender	: Female	Address	: 517 THE PINES LN,ARRINGTON,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4342635245, 4343290826
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	58	Patients Height		Patients Weight	
BMI	(Morbid Obesity)				

## 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

Prosthesis

Falls during the past year

Once

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?

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

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BROWN, BENJAMIN T	

## Family History:

None

## Care management related to preventive care

# Patient Assessment Summary

Name : JESSIE M IRVING  
Date of Birth : 1963-09-08  
Evaluator Name : test clinicianFE, FNP  
Gender : Female  
Lob : DSNP  
Email :  
Primary :  
Language :

Age : 58  
Member ID : 11000186  
Date : 2022-3-29 02:12 PM  
Address : 517 THE PINES LN,ARRINGTON,VA  
Marital Status :  
Phone : 4342635245, 4343290826  
Race : African American

## Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes	2022-02-21	test 1		
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	Yes	2022-02-22	test 2		
PAD	No				

PHQ 2 Score: 0

## Preventative Follow up needed

### Screenings

None

### Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Other	

Assessor Comments	
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