

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. FLICKINGER, TABOR E
661 University LnSte A
Orange, VA, 229602243

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

FLICKINGER, TABOR E
661 University Ln Ste A
Orange, VA, 22960-2243

Dear Dr. FLICKINGER, TABOR E

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:

DANIEL E HUNT
2001-09-09
11000211

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	: DANIEL E HUNT	Age	: 20
Date of Birth	: 2001-09-09	Member ID	: 11000211
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-25 12:20 PM
Gender	: Male	Address	: 18033 CONSTITUTION HIGHWAY,ORANGE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5402296580,
Primary Language	: English	Race	: Asian

Vital Signs

Blood Pressure	02/03 mmHG	Pulse	120 bpm	Respiratory Rate	130
Temp	99	Pulse Oximetry	120	Pain Scale /10	9
Age	20	Patients Height	12 feet 03 inch	Patients Weight	123 lbs
BMI	4.0 (Morbid Obesity)				

Allergies

Substance	Reaction
sub 1	react 1
sub 2	react 2

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
diag 1	Ranitidine	100 mg	SQ = Subcutaneous	QID	john	Taking
diag 2	Rabeprazole	200 mg	S = Sublingual	QAM	denmark	Not Taking

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-02-14	descr 1	100 mg	SQ = Subcutaneous	daily
2021-10-12	desc 2	200 mg	R = Rectal	routine

Diagnoses under Chronic Care Management

Active

1. Glaucoma
2. Difficulty with Hearing, Tinnitus
3. Difficulty Chewing, Difficulty Swallowing
4. Carotid Stenosis
5. Hyperlipidemia, Hypertension
6. Anxiety, Depression

History of

1. Cataracts, Legally Blind
2. Seasonal Allergies

Care management related to patient's activity levels

Assistive Devices and DME

Comment : none

Walker, Wheel Chair, Bed Pan, CPAP

Comment : commode

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Primary Language : English Race : Asian

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?

Yes

Was it due to fall?

Yes

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 : 1

one

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

Number of times in past 12 months been in a nursing home : 2

three

Had Surgery in the last 12 months : 3

described

Ever been hospitalized prior to the past 12 months: Yes

described earlier

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	FLICKINGER, TABOR E	
Anesthesiologist	speci 1	neuro
Oncologist	speci 1	cardio
Ophthalmologist	spec 3	nerve related

Family History:

Family Member	Medical Condition	Cause of Death
Mother	medi	still live
Sibling3	medical 1	Don't know
Other	medical fare	still alive

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	No				
DEXA	No				
PAD	No				

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PHQ 2 Score: 4

PHQ 9 Score: 12

If Score is Greater than 15, recommend additional treatment

Score	Depression Severity
1 - 4	Minimal Depression
5 - 9	Mild Depression
10 - 14	Moderate Depression
15 - 19	Moderately Severe Depression
20 - 27	Severe Depression

Comment : DEVELOPED BEFORE

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Colorectal Screening	
Influenza Vaccine	
Herpes Zoster Vaccine	
Diabetes Screening	
Diabetic Foot Exam	
STIs/HIV Screening	
Cervical Cancer Screening	
Osteoporosis Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

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	

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Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	I have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation performed today is completed
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