

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. CALHOUN, ALICE O
1800 Timberwood Blvd Ste A
Charlottesville, VA, 229117544

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500 West Cummings Park
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Woburn, MA 01801

CALHOUN, ALICE O
1800 Timberwood Blvd Ste A
Charlottesville, VA, 229117544

Dear Dr. CALHOUN, ALICE O

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:

ROSE E YACOVONE
1930-11-08
11000227

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	: ROSE E YACOVONE	Age	: 91
Date of Birth	: 1930-11-08	Member ID	: 11000227
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-3-1 09:45 AM
Gender	: Female	Address	: 277 BUGGY LANE,ROCHELLE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5402293005,
Primary Language	:	Race	:

Vital Signs

Blood Pressure	120/90 mmHG	Pulse	96 bpm	Respiratory Rate	25
Temp	98	Pulse Oximetry	95	Pain Scale /10	5
Age	91	Patients Height	5 feet 3 inch	Patients Weight	350 lbs
BMI	62.0 (Morbid Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Hyperopia
2. Difficulty with Hearing, Vertigo, Other - Cant hear
3. Difficulty Swallowing

History of

1. Cataracts, Myopia
2. Legally Deaf, Tinnitus
3. Other - Mouth

Care management related to patient's activity levels

Assisstive Devices and DME

None

Comment : Comment1

Comment : commet2

Falls during the past year

More than three times

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

Yes

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?

Yes

Are you on osteoporosis med?

No

Care management related to past medical history

Patient Assessment Summary

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Date of Birth : 1930-11-08 Member ID : 11000227
Evaluator Name : test clinicianFE, FNP Date : 2022-3-1 09:45 AM
Gender : Female Address : 277 BUGGY LANE,ROCHELLE,VA
Lob : DSNP Marital Status :
Email : Phone : 5402293005,
Primary : Race :
Language :

Number of times in the past 12 months seen PCP : [None](#)
Number of times in past 12 months been to the Emergency Room : [3](#)
[Yes](#)
Number of times in past 12 months stayed overnight in hospital : [2](#)
[Hosp](#)
Number of times in past 12 months been in a nursing home : [1](#)
[Nurs](#)
Had Surgery in the last 12 months : [5](#)
[5 or more](#)
Ever been hospitalized prior to the past 12 months: [Yes](#)
[Desc](#)

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	CALHOUN, ALICE O	

Family History:

Family Member	Medical Condition	Cause of Death
Sibling1	med	COD
Select Family Member	medica	COD2

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes	2022-02-16	Screening result	Dia	Comm
FOBT	No				
A1C	Yes	2022-02-01	SR	DG	Co
LDL	Yes	2022-01-12	LDL Scr Re	LDL Diag	Comments
RETINAL EYE EXAM	Yes	2022-02-17	Eye SR	Eye Diag	Co
DEXA	No				
PAD	Yes	2022-03-06	L: PAD REsu(Normal) R: PAD Res Right(Moderate).	PAD Diag	PAD Co

PHQ 2 Score: 1

Preventative Follow up needed

Screenings

None

Social

None

Disease Management

None

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Assessor Comments	
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