

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. MORGAN, BENJAMIN H  
701 Randolph St Ste 120  
Radford, VA, 241413047

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500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

MORGAN, BENJAMIN H  
701 Randolph St Ste 120  
Radford, VA, 241413047

Dear Dr. MORGAN, BENJAMIN H

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:

LONNIE L MEREDITH  
1950-07-06  
11000263

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	: LONNIE L MEREDITH	Age	: 71
Date of Birth	: 1950-07-06	Member ID	: 11000263
Evaluator Name	:	Date	:
Gender	: Male	Address	: 953 4TH ST NE,PULASKI,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5406413139,
Primary Language	:	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	71	Patients Height		Patients Weight	
BMI	(Malnutrition)				

## 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

Once

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

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

Are you on osteoporosis med?

## Care management related to past medical history

Number of times in the past 12 months seen PCP :

Number of times in past 12 months been to the Emergency Room :

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

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

Had Surgery in the last 12 months :

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	MORGAN, BENJAMIN H	

## Family History:

None

# Patient Assessment Summary

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## 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	Yes				
A1C	Yes				
LDL	Yes				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

None

### Social

None

## Disease Management

None

Assessor Comments	
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