

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. JONES, SHAVON C
157 N Main StSte A
Suffolk, VA, 234344565

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500 West Cummings Park
Suite 2700
Woburn, MA 01801

JONES, SHAVON C
157 N Main St Ste A
Suffolk, VA, 23434-4565

Dear Dr. JONES, SHAVON C

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:

WAYNE T ARTIS
1955-03-08
11000268

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	: WAYNE T ARTIS	Age	: 67
Date of Birth	: 1955-03-08	Member ID	: 11000268
Evaluator Name	: Tejas Vaishnav, NP	Date	: 2022-10-18 03:04 PM
Gender	: Male	Address	: 219 BANKS ST APT 4,SUFFOLK,VA
Lob	: MLTSS	Marital Status	:
Email	:	Phone	: 7575094688,
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	67	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

Assisitive Devices and DME

None

Falls during the past year

None

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	JONES, SHAVON C	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
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Lob	: MLTSS	Marital Status	:
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Primary Language	:	Race	: African American

MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
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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