

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. PASCO, HAYDEN
12018 W Broad St Ste 100
Richmond, VA, 232337796

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

PASCO, HAYDEN
12018 W Broad St Ste 100
Richmond, VA, 232337796

Dear Dr. PASCO, HAYDEN

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:

DONAVON L DEVRIEND
1951-07-09
11000355

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	: DONAVON L DEVRIEND	Age	: 70
Date of Birth	: 1951-07-09	Member ID	: 11000355
Evaluator Name	:	Date	: 2022-3-12 01:30 AM
Gender	: Male	Address	: 507 S 18TH AVENUE,HOPEWELL,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8047121383,
Primary Language	: Hungarian	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	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

Walker

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	PASCO, HAYDEN	

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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Patient Assessment Summary

Name : DONAVON L DEVRIEND
Date of Birth : 1951-07-09
Evaluator Name :
Gender : Male
Lob : DSNP
Email :
Primary Language : Hungarian

Age : 70
Member ID : 11000355
Date : 2022-3-12 01:30 AM
Address : 507 S 18TH AVENUE,HOPEWELL,VA
Marital Status :
Phone : 8047121383,
Race : Caucasian

MICROALBUMIN	Yes				
FOBT	Yes				
A1C	Yes				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

None

Disease Management

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

Assessor Comments	
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