

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ERNST, BENJAMIN D
150 Spartan Dr
Salem, VA, 241533208

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500 West Cummings Park
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ERNST, BENJAMIN D
150 Spartan Dr
Salem, VA, 241533208

Dear Dr. ERNST, BENJAMIN D

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:

PEGGY A GRAHAM
1984-06-05
11000618

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	: PEGGY A GRAHAM	Age	: 37
Date of Birth	: 1984-06-05	Member ID	: 11000618
Evaluator Name	:	Date	: 2022-3-16 12:44 PM
Gender	: Female	Address	: 1220 CLEVELAND AVENUE SW,ROANOKE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5402069221,
Primary Language	:	Race	: Caucasian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	37	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	FLUCLVX	2019-20	Select	Select		
	PAROXETINE	7.5MG	Select	Select		
	RESTASIS	0.05%	Select	Select		
	MONTELUKAST	10MG	Select	Select		
	LINZESS	290MCG	Select	Select		
	ALPRAZOLAM	1MG	Select	Select		
	FENOFIBRIC	135MG DR	Select	Select		
	PROAIR		Select	Select		
	ONDANSETRON	4MG	Select	Select		
	CRESTOR	40MG	Select	Select		
	OMEGA-3-ACID	1GM	Select	Select		
	BUPROPN	300MG XL	Select	Select		
	WELLBUTRIN	XL 300MG	Select	Select		
	CYCLOBENZAPR	10MG	Select	Select		
	OFLOXACIN	0.3% OP	Select	Select		
	FAMOTIDINE	40MG	Select	Select		
	MIRTAZAPINE	15MG ODT	Select	Select		
	LOSARTAN	50MG	Select	Select		
	CHLORTHALID	25MG	Select	Select		
	AMLODIPINE	5MG	Select	Select		
	FLUZONE	2020-21	Select	Select		
	PANTOPRAZOLE	40MG	Select	Select		
	FLUTICASONE	50MCG	Select	Select		
	PREDNISOLONE	1% OP	Select	Select		
	METOPROLOL	25MG ER	Select	Select		
	CIPROFLOXACN	500MG	Select	Select		
	DULERA	100-5MCG	Select	Select		

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	METOPROL	25MG ER	Select	Select		
	SMZ/TMP	800-160	Select	Select		
	AMITRIPTYLIN	50MG	Select	Select		
	PREDNISONE	10MG	Select	Select		
	AZITHROMYCIN	250MG	Select	Select		
	DOXYCYCL	100MG	Select	Select		
	DICYCLOMINE	20MG	Select	Select		
	METRONIDAZOL	250MG	Select	Select		
	MUPIROCIN	2%	Select	Select		

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

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : 1

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : 1

Number of times in past 12 months been in a nursing home : 1

Had Surgery in the last 12 months : 1

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	ERNST, BENJAMIN D	

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
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				

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Phone : 5402069221,
Race : Caucasian

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

Smoking/Tobacco	
Substance Abuse	
Durable Power of attorney	
Healthcare Proxy	
Advanced Directive	
Food Disparity	
Literacy	
Social support evaluation	

Disease Management

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

Assessor Comments	
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