

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. LAHURD JR, NEIL J
949 PINEY FOREST RD
DANVILLE, VA, 245401591

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500 West Cummings Park
Suite 2700
Woburn, MA 01801

LAHURD JR, NEIL J
949 PINEY FOREST RD
DANVILLE,VA,245401591

Dear Dr. LAHURD JR, NEIL J

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:

KEITH CRUZ
1938-06-04
11000630

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	: KEITH CRUZ	Age	: 83
Date of Birth	: 1938-06-04	Member ID	: 11000630
Evaluator Name	:	Date	: 2022-3-16 05:11 PM
Gender	: Male	Address	: 252 HAIRSTON ST,DANVILLE,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4348525480, 123
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	83	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 : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	LAHURD JR, NEIL J	

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 : KEITH CRUZ
Date of Birth : 1938-06-04
Evaluator Name :
Gender : Male
Lob : DSNP
Email :
Primary Language :

Age : 83
Member ID : 11000630
Date : 2022-3-16 05:11 PM
Address : 252 HAIRSTON ST,DANVILLE,VA
Marital Status :
Phone : 4348525480, 123
Race : African American

MICROALBUMIN	Yes				
FOBT	Yes				
A1C	Yes				
LDL	Yes				
RETINAL EYE EXAM	Yes				
DEXA	Yes				
PAD	Yes		L: R:		

PHQ 2 Score:

Preventative Follow up needed

Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

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

Assessor Comments	
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