

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BOWERS, LEO C  
26 WINE STREET  
HAMPTON, VA, 236693584

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BOWERS, LEO C  
26 WINE STREET  
HAMPTON,VA,236693584

Dear Dr. BOWERS, LEO 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:

DEBRA G TEMPLE  
1983-08-06  
11001463

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	: DEBRA G TEMPLE	Age	: 38
Date of Birth	: 1983-08-06	Member ID	: 11001463
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-7 07:44 PM
Gender	: Female	Address	: 147 CANDLEWOOD WAY,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7572364626,
Primary Language	: Greek	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	38	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	DIAZEPAM	5MG	Select	Select		
	CYCLOBENZAPR	10MG	Select	Select		
	PANTOPRAZOLE	40MG	Select	Select		
	QUETIAPINE	200MG	Select	Select		
	FLUCONAZOLE	150MG	Select	Select		
	METOPROL	100MG	Select	Select		
	METHYLPRED	4MG	Select	Select		
	DULOXETINE	30MG	Select	Select		
	MIRTAZAPINE	15MG	Select	Select		
	MELOXICAM	15MG	Select	Select		
	FLUTICASON	50MCG	Select	Select		
	ROSUVASTATIN	20MG	Select	Select		
	ADVAIR	250/50	Select	Select		
	CELECOXIB	200MG	Select	Select		
	LOSARTAN	100MG	Select	Select		
	METRONIDAZOL	500MG	Select	Select		
	CLONAZEPAM	1MG	Select	Select		
	OXYCOD/APAP	5-325MG	Select	Select		
	CLOBETASOL	0.05%	Select	Select		
	OSELTAMIVIR	75MG	Select	Select		
	MISOPROSTOL	200MCG	Select	Select		
	GABAPENTIN	300MG	Select	Select		
	PROAIR		Select	Select		
	POT CHLORIDE	20MEQ ER	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	FUROSEMIDE	40MG	Select	Select		
	ALBUTEROL	E	Select	Select		

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	METHOCARBAM	500MG	Select	Select		
	IBUPROFEN	800MG	Select	Select		
	BUDES/FORMOT	160-4.5	Select	Select		
	AMOX/K	875-125	Select	Select		
	HYDROCO/APAP	7.5-325	Select	Select		
	PREDNISONE	10MG	Select	Select		
	CLOTRIMAZOLE	1%	Select	Select		
	NARCAN		Select	Select		
	CLINDAMYCIN	2% VAG	Select	Select		
	SHINGRIX	50/0.5ML	Select	Select		
	ETODOLAC	300MG	Select	Select		
	CLOTRIM/BETA	DIPROP	Select	Select		
	PROMETHAZINE	12.5MG	Select	Select		
	NITROFUR	100MG	Select	Select		
	TRAMADOL	50MG	Select	Select		
	CHLORZOXAZON	500MG	Select	Select		
	AZITHROMYCIN	250MG	Select	Select		

## 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

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BOWERS, LEO C	

## Family History:

None

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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	No				
FOBT	No				
A1C	No				
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

Smoking/Tobacco	
Durable Power of attorney	
Literacy	

### Disease Management

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

Assessor Comments	
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