

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. CHARLTON, LEI S
5000 MONUMENT AVENUE STE 103
RICHMOND, VA, 232303627

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

CHARLTON, LEI S
5000 MONUMENT AVENUE STE 103
RICHMOND, VA, 232303627

Dear Dr. CHARLTON, LEI S

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:

CAROLYN A PAYNE
1986-01-05
11001865

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	: CAROLYN A PAYNE	Age	: 36
Date of Birth	: 1986-01-05	Member ID	: 11001865
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-10 04:51 PM
Gender	: Female	Address	: 1532 N 19TH ST,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042250494, 8047161783
Primary Language	:	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	36	Patients Height		Patients Weight	
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select	10MEQ ER	Select	Select		
	Select	10MEQ ER	Select	Select		
	Select	10MG	Select	Select		
	Select	300MG	Select	Select		
	Select	10MG	Select	Select		
	Select	20MG	Select	Select		
	Select	500MG ER	Select	Select		
	Select	20MG	Select	Select		
	POT CHLORIDE	10MEQ ER	Select	Select		
	LISINAPRIL	10MG	Select	Select		
	ALLOPURINOL	300MG	Select	Select		
	ATORVASTATIN	10MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	METFORMIN	500MG ER	Select	Select		
	DULOXETINE	30MG	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	HYDROCHLOROT	25MG	Select	Select		
	PEG	ELECTROL	Select	Select		
	NYSTATIN	100000	Select	Select		
	TRAMADOL	50MG	Select	Select		
	FREESTYLE TES LITE	LITE	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	SIMVASTATIN	20MG	Select	Select		
	FREESTYLE KIT LITE	LITE	Select	Select		
	DICLOFENAC	1%	Select	Select		
	OXYCOD/APAP	5-325MG	Select	Select		
	FREESTYLE MIS LANCETS	LANCETS	Select	Select		

Patient Assessment Summary

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Primary : Race : African American
Language :

	HYDROCORTISO	2.50%	Select	Select		
	BD PEN NEEDL	32GX4MM	Select	Select		
	LACTULOSE	10GM/15	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 :

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	CHARLTON, LEI S	

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				
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD	No				

PHQ 2 Score:

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Preventative Follow up needed Screenings

None

Social

None

Disease Management

None

Assessor Comments	
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