

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ALBAND, WENDY F
4039 E Little Creek Rd
Norfolk, VA, 235183549

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

ALBAND, WENDY F
4039 E Little Creek Rd
Norfolk, VA, 235183549

Dear Dr. ALBAND, WENDY F

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:

BRENDA CLEMONS
1972-08-10
11001875

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	: BRENDA CLEMONS	Age	: 49
Date of Birth	: 1972-08-10	Member ID	: 11001875
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-4-21 04:51 PM
Gender	: Female	Address	: 804 W. CONSTANCE RD., APT 420,SUFFOLK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 7579073625,
Primary Language	: English	Race	: African American

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	49	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Ranitidine	100	PO = By Mouth	PC	phy	Taking
	Rabeprazole	10	SQ = Subcutaneous	BID	ton	Not Taking
	Ibuprofen	200	M = Intramuscular	QID	scan	Taking
	Rabeprazole	10000	PO = By Mouth	QPM	secon	Not Taking
	Carisoprodol	200	M = Intramuscular	PRN	condition 1	Taking

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

1. Difficulty Swallowing, Other - others
2. Cardiomyopathy
3. Frequent UTI

History of

1. Cataracts
2. Chronic Post Nasal Drip, Other - medications
3. Difficulty Chewing
4. Parotid Disease
5. Acute Upper Respiratory Infection, COPD, Hypoxemia, Other - OTHER
6. Abnormal Cardiac Rhythm, Ischemic Heart Disease (CAD)
7. Amyotrophic Lateral Sclerosis, Fibromyalgia, Multiple Sclerosis
8. Chronic Kidney Disease, Urinary Incontinence
9. Coronary Artery Disease and Diabetes, Hypertension and Diabetes
10. Anemia, Hospital Acquired MRSA Infection

Care management related to patient's activity levels

Assisstive Devices and DME

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Cane, Walker, Prosthesis, Bedside Commode, Urinal
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	ALBAND, WENDY F	

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

PHQ 2 Score: 0

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	

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Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Eye exam	
Blood Pressure checks	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Report abnormal bruising or bleeding	
Take medications as prescribed	
Other	

Assessor Comments	
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