

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. COCHRAN, DONALD
640 North St,
Portsmouth, VA, 237042415

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COCHRAN, DONALD
640 North St,
Portsmouth, VA, 237042415

Virginia Premier Elite Plus
Attn: Medical Management
PO Box 4280
Richmond, VA 23220-0307
1-800-318-6023

2022-02-09

Dear COCHRAN, DONALD

Virginia Premier in partnership with Focus Care provided a comprehensive health visit for your patient. The visit was conducted by a Focus Care clinician. Find attached a summary of the visit for:

KATHLEEN VARNER
1964-11-26
10027818

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,

Dr. Mark Mattingly, MD
[Medical Director]

10027818



Patient Assessment Summary

Name : KATHLEEN VARNER Age : 56
Date of Birth : 1964-11-26 Member ID : 10027818
Evaluator Name : undefined Date : undefined
Gender : Female Address : 801 ARCADIA ROAD, CHESAPEAKE, VA
Lob : MLTSS Marital Status : Single
Email : Phno : 7576093734, 7576093734, 7573624029

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	56	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	LISINOPRIL	TAB 10MG	Select	Select		Taking
	ZOLPIDEM	TAB 12.5MG	Select	Select		Taking
	PFIZER	INJ COVID-19	Select	Select		Taking
	EXEMESTANE	TAB 25MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: Other

Describe

Answer: No Ethnicity

- Preferred language

Answer:

Patient Assessment Summary

Name	: KATHLEEN VARNER	Age	: 56
Date of Birth	: 1964-11-26	Member ID	: 10027818
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 801 ARCADIA ROAD, CHESAPEAKE, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 7576093734, 7576093734, 7573624029

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How much school have you completed? : **Less than 3rd grade**

Comment :

When you get written information at a doctor's office would you say it is? : **Very difficult**

Comment :

When you read the instructions on a prescription bottle would you say that it is? : **Somewhat difficult**

Comment : **difficults**

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : **Often**

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Total Help**

D. Bathing : **Need Total Help**

E. Dressing : **No**

F. Eating : **Need Some Help**

G. Walking : **Need Total Help**

How far can you walk

H. Going up or down stairs : **Need Total Help**

How many stairs can you climb

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer:

Are you currently seeing any specialists?

Patient Assessment Summary

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If no activities are checked as need some help or total help

- Have you ever been hospitalized prior to the last 12 months?

Answer:

- In the past year how many times have you Fallen?

Answer:

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

-Have you lost weight in the past 6 months?

Answer:

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Father	fine	Don't know
Mother	fine	Don't know

- In the past year how many times have you Fallen?

Answer:

Assessors Comments :