

CONFIDENTIAL INFORMATION

From :

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

To :

BROSE, TEODORA G
131 Jones St,
245229830

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BROSE, TEODORA G
131 Jones St,
Appomattox, VA, 245229830

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

2022-03-10

KAREN E GUNTER
1958-10-10
10033334

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,

10033334



Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	63	Patients Height		Patients Weight	
BMI					

Patient Assessment Summary

Name	: KAREN E GUNTER	Age	: 63
Date of Birth	: 1958-10-10	Member ID	: 10033334
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2151 CARRINGTON ROAD, LYNCHBURG, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 43120,2390909023

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
	Select	TAB 4MG	Select	Select		Taking
	Select		Select	Select		Taking
	PAIN	SOL 160/5ML	Select	Select		Taking
	ORALYTE	SOL FRUIT	Select	Select		Taking
	HYDROCO/APAP	SOL 7.5-325	Select	Select		Taking
	DIAZEPAM	SOL 5MG/5ML	Select	Select		Taking
	PROMETHAZINE	SYP 6.25/5ML	Select	Select		Taking
	HIBICLENS	LIQ 0.04	Select	Select		Taking
	ENALAPRIL	TAB 10MG	Select	Select		Taking
	COMBIVENT	AER 20-100	Select	Select		Taking
	VITAMIN	DRO 3000/ML	Select	Select		Taking
	SMZ-TMP	SUS 200-40/5	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
	NICOTINE	DIS 14MG/24H	Select	Select		Taking
	NYSTATIN	SUS 100000	Select	Select		Taking
	PROLIA	SOL 60MG/ML	Select	Select		Taking
	METHOCARBAM	TAB 750MG	Select	Select		Taking
	PHENADOZ	SUP 12.5MG	Select	Select		Taking
	FLUOXETINE	SOL	Select	Select		Taking

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		20MG/5ML				
	ARIPRAZOLE	SOL 1MG/ML	Select	Select		Taking
	CATAPRES-TTS	DIS 0.1/24HR	Select	Select		Taking
	MAPAP	LIQ 160/5ML	Select	Select		Taking
	FOLIC	TAB 1000MCG	Select	Select		Taking
	ROBAFEN	SYP 100/5ML	Select	Select		Taking
	CEPHALEXIN	SUS 250/5ML	Select	Select		Taking
	HYDRALAZINE	TAB 25MG	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	LIDOCAINE	SOL 2% VISC	Select	Select		Taking
	CARAFATE	SUS 1GM/10ML	Select	Select		Taking
	OSELTAMIVIR	SUS 6MG/ML	Select	Select		Taking
	MICROLET	MIS NEXT	Select	Select		Taking
	PNEUMOVAX	INJ 25/0.5	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	GERI-TUSSIN	SYP 100/5ML	Select	Select		Taking
	DIPHEN/ATROP	TAB 2.5MG	Select	Select		Taking
	COUGH	LOZ 7.6MG	Select	Select		Taking
	VENLAFAXINE	TAB 37.5MG	Select	Select		Taking
	3	MIS MONITOR	Select	Select		Taking
	AZELASTINE	SPR 0.001	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

Race

Answer: Other

Describe

Answer: No Ethnicity

Preferred language

Answer:

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

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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?**Somewhat difficult**

Comment :

How confident are you in filling out medical forms by yourself?**Not Very Confident**

Comment :

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?**Sometimes**

Comment :

Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems?**No**

Comment :

Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive?**No**

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**

D. Bathing : **Need Some Help**

F. Eating : **No**

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

How many stairs can you climb : **More than ten**

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?

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

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

Answer:

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- 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

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

Answer:

Assessors Comments :