

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. WATERS, MICHAEL G
305 N Main St,
Gretna, VA, 245574176

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WATERS, MICHAEL G
305 N Main St,
Gretna, VA, 245574176

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

2022-02-25

ANGELA L BLANKENSHIP
1974-01-15
10036488

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,

10036488



Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	48	Patients Height		Patients Weight	
BMI					

Patient Assessment Summary

Name	: ANGELA L BLANKENSHIP	Age	: 48
Date of Birth	: 1974-01-15	Member ID	: 10036488
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: PO BOX 152, STANLEYTOWN, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 2768068628, 2768068628, 2766290683

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
	SPIRONOLACT	TAB 50MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	DICLOFENAC	TAB 75MG DR	Select	Select		Taking
	LACTULOSE	SOL 10GM/15	Select	Select		Taking
	B-1	TAB 100MG	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	PHOSPHA	TAB NEUTRAL	Select	Select		Taking
	VITAMIN	CAP 50000UNT	Select	Select		Taking
	METHOCARBAM	TAB 500MG	Select	Select		Taking
	POLYETH	POW 3350 NF	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	URSODIOL	CAP 300MG	Select	Select		Taking
	CVS	TAB 100MG	Select	Select		Taking
	ALPRAZOLAM	TAB 0.5MG	Select	Select		Taking
	KLOR-CON	TAB 20MEQ ER	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking

Over the Counter Medications / Supplements

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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

None

Care management related to patient's activity levels

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

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:

- 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?

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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 :