

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. SWANK, JONATHAN T  
16000 Johnston Memorial Dr Ste 213,  
Abingdon, VA, 242110001

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SWANK, JONATHAN T  
16000 Johnston Memorial Dr Ste 213,  
Abingdon, VA, 242110001

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

2022-02-11

NORMA G HEATH  
1968-06-29  
10040831

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,

10040831



Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	53	Patients Height		Patients Weight	
BMI					

# Patient Assessment Summary

Name	: NORMA G HEATH	Age	: 53
Date of Birth	: 1968-06-29	Member ID	: 10040831
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 408 ORCHARD TOWERS LANE ,MARION ,VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 2767807551, 2767809979,2767804365

## 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
	METFORMIN	TAB 500MG	Select	Select		Taking
	ROSUVASTATIN	TAB 5MG	Select	Select		Taking
	IBUPROFEN	TAB 800MG	Select	Select		Taking
	SERTRALINE	TAB 50MG	Select	Select		Taking
	METOPROL	TAB 25MG ER	Select	Select		Taking
	MIRTAZAPINE	TAB 45MG	Select	Select		Taking
	NAPROXEN	TAB 500MG	Select	Select		Taking
	GABAPENTIN	CAP 400MG	Select	Select		Taking
	CYANOCOBALAM	INJ 1000MCG	Select	Select		Taking
	DULERA	AER 100-5MCG	Select	Select		Taking
	DICLOFENAC	GEL 0.01	Select	Select		Taking
	MECLIZINE	TAB 25MG	Select	Select		Taking
	ELIQUIS	TAB 5MG	Select	Select		Taking
	NYSTATIN	CRE 100000	Select	Select		Taking
	CYCLOBENZAPR	TAB 10MG	Select	Select		Taking
	PHENOBARB	TAB 32.4MG	Select	Select		Taking
	ALLERGY	TAB 10MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	FUROSEMIDE	TAB 20MG	Select	Select		Taking
	PRAZOSIN	CAP 1MG	Select	Select		Taking

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LANE ,MARION ,VA  
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	METOPROLOL	TAB 50MG ER	Select	Select		Taking
	POT CL MICRO	TAB 10MEQ ER	Select	Select		Taking
	HYDROXYZ	CAP 25MG	Select	Select		Taking
	VENTOLIN	AER	Select	Select		Taking
	LORATADINE	TAB 10MG	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	ACIDOPHILUS	CAP	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	POT CHLORIDE	TAB 10MEQ ER	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	LORAZEPAM	TAB 0.5MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	PREDNISONE	TAB 10MG	Select	Select		Taking
	CONTOUR	TES NEXT	Select	Select		Taking
	HYDROCHLOROT	TAB 12.5MG	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	BACLOFEN	TAB 10MG	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	MELOXICAM	TAB 7.5MG	Select	Select		Taking
	PFIZER	INJ COVID-19	Select	Select		Taking
	MICROLET	MIS LANCETS	Select	Select		Taking

## Over the Counter Medications / Supplements

Answer: No

### - 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

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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?

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	

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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 :