

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. ACKERMAN, CHRISTOPHER J
203 Sharp St,
Lawrenceville, VA, 238681615

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ACKERMAN, CHRISTOPHER J
203 Sharp St,
Lawrenceville, VA, 238681615

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

2022-02-03

Dear ACKERMAN, CHRISTOPHER J

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:

ALLEN S KIDD
1982-02-16
10049423

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]

10049423



Patient Assessment Summary

| | | | |
|----------------|----------------|----------------|-------------------------------------|
| Name | : ALLEN S KIDD | Age | : 39 |
| Date of Birth | : 1982-02-16 | Member ID | : 10049423 |
| Evaluator Name | : undefined | Date | : undefined |
| Gender | : Male | Address | : 93 ROCKY KNOLL PLACE, DOLPHIN, VA |
| Lob | : MLTSS | Marital Status | : Single |
| Email | : | Phno | : 8044812766, 8044812766,8043703993 |

Your Vital Signs

| | | | | | |
|----------------|---------------------------------------|-----------------|-----------------|------------------|---------|
| Blood Pressure | | Pulse | bpm | Respiratory Rate | |
| Temp | | Pulse Oximetry | | Pain Scale /10 | |
| Age | 39 | Patients Height | 02 feet 03 inch | Patients Weight | 120 lbs |
| BMI | 115.7(Morbid Obesity (BMI = or > 40)) | | | | |

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: yes

| Substance | Reaction |
|-----------|-----------|
| ghjug | reactions |
| ttuuyhu | /bnk |
| chjhn | njnkn |

Your Medications

| Diagnoses | Label Name | Dose / Units | Route | Frequency | Prescribing Physician | Status |
|-----------|--------------|--------------|--------|-----------|-----------------------|--------|
| | IMATINIB | TAB 400MG | Select | Select | | Taking |
| | CEPHALEXIN | CAP 500MG | Select | Select | | Taking |
| | RA | TAB 25MG | Select | Select | | Taking |
| | OXYCODONE | TAB 5MG | Select | Select | | Taking |
| | GABAPENTIN | CAP 300MG | Select | Select | | Taking |
| | MONTELUKAST | TAB 10MG | Select | Select | | Taking |
| | LEVOFLOXACIN | TAB 500MG | Select | Select | | Taking |
| | PANTOPRAZOLE | TAB 40MG | Select | Select | | Taking |
| | FOLIC | TAB 1MG | Select | Select | | Taking |

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| | | | | | | |
|--|--------------|--------------|--------|--------|--|--------|
| | MAGNESIUM-OX | TAB 400MG | Select | Select | | Taking |
| | DEXAMETHASON | TAB 4MG | Select | Select | | Taking |
| | NYSTATIN | SUS 100000 | Select | Select | | Taking |
| | ACYCLOVIR | TAB 400MG | Select | Select | | Taking |
| | NOXAFIL | TAB 100MG | Select | Select | | Taking |
| | SMZ/TMP | TAB 800-160 | Select | Select | | Taking |
| | AZITHROMYCIN | TAB 250MG | Select | Select | | Taking |
| | POSACONAZOLE | TAB 100MG DR | Select | Select | | Taking |
| | CEFPODOXIME | TAB 200MG | Select | Select | | Taking |
| | TACROLIMUS | CAP 0.5MG | Select | Select | | Taking |
| | ACETAZOLAMID | TAB 250MG | Select | Select | | Taking |
| | MAG | TAB 400MG | Select | Select | | Taking |
| | PROCHLORPER | TAB 10MG | Select | Select | | Taking |
| | ONDANSETRON | TAB 8MG | Select | Select | | Taking |
| | MERCAPTOPUR | TAB 50MG | Select | Select | | Taking |
| | URSODIOL | TAB 250MG | Select | Select | | Taking |
| | POT CL MICRO | TAB 20MEQ ER | Select | Select | | Taking |
| | METOPROL | TAB 25MG | Select | Select | | Taking |
| | VORICONAZOLE | TAB 200MG | Select | Select | | Taking |
| | HYDROCORT | CRE 0.01 | Select | Select | | Taking |
| | AMMONIUM | CRE 0.12 | Select | Select | | Taking |
| | TRIAMCINOLON | CRE 0.001 | Select | Select | | Taking |
| | ALPRAZOLAM | TAB 0.5MG | Select | Select | | Taking |
| | TAB-A-VITE | TAB | Select | Select | | Taking |
| | NARCAN | SPR | Select | Select | | Taking |
| | FLOVENT | AER 220MCG | 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

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None

Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : 2

Comment :

- 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? : Very difficult

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : 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 ADLs.

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

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 : More than ten

Care management related to past medical history

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

Answer: None

Comment:

Are you currently seeing any specialists?

Answer: No

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : None

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

B. Visited the Emergency Room : 1

If one or more, describe

C. Stayed in the hospital overnight : None

E. Had Surgery : None

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

Answer: No

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

Answer: None

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: No

-Have you lost weight in the past 6 months?

Answer: 5lbs

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 | Yes |
| Breast Exam/Mammography | No |
| Cervical Screening | Not Applicable |
| Bone Density | Don't Know |
| Prostate Exam/PSA | Yes |
| If Diabetic Eye Exam | No |
| If Diabetic Foot Exam | Yes |
| If Diabetic Hgb A1c screen | Not Applicable |
| Lipid Panel | Don't Know |

Care management related to diagnoses and symptoms

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Family History

Answer: Yes

| Family Member | Medical Condition | Cause of Death |
|---------------|-------------------|----------------|
| Father | uhnt | kjhjn |
| Mother | gt | tyghj |

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

Answer: None

Assessors Comments : vyttghjhtyykhnvtjkhjb