

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. CRESS, ALICIA NACPIL  
3452 Anderson Hwy Ste D,  
Powhatan, VA, 231395845

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CRESS, ALICIA NACPIL  
3452 Anderson Hwy Ste D,  
Powhatan, VA, 231395845

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

2022-02-07

Dear CRESS, ALICIA NACPIL

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:

FREDERICK MUSTOE  
1973-08-07  
10049711

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]

10049711



# Patient Assessment Summary

Name : FREDERICK MUSTOE Age : 48  
Date of Birth : 1973-08-07 Member ID : 10049711  
Evaluator Name : undefined Date : undefined  
Gender : Male Address : 2262 OLD TAVERN ROAD ,POWHATAN ,VA  
Lob : MLTSS Marital Status : Single  
Email : Phno : 8046259463, 8046259463,

## Your Vital Signs

|                |    |                 |     |                  |  |
|----------------|----|-----------------|-----|------------------|--|
| Blood Pressure |    | Pulse           | bpm | Respiratory Rate |  |
| Temp           |    | Pulse Oximetry  |     | Pain Scale /10   |  |
| Age            | 48 | 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: No

## Your Medications

| Diagnoses | Label Name   | Dose / Units | Route  | Frequency | Prescribing Physician | Status |
|-----------|--------------|--------------|--------|-----------|-----------------------|--------|
|           | XARELTO      | TAB 20MG     | Select | Select    |                       | Taking |
|           | GLIMEPIRIDE  | TAB 4MG      | Select | Select    |                       | Taking |
|           | JANUVIA      | TAB 100MG    | Select | Select    |                       | Taking |
|           | METFORMIN    | TAB 1000MG   | Select | Select    |                       | Taking |
|           | OXYCODONE    | TAB 30MG     | Select | Select    |                       | Taking |
|           | DEXAMETHASON | TAB 0.75MG   | Select | Select    |                       | Taking |
|           | LISINAPRIL   | TAB 20MG     | Select | Select    |                       | Taking |
|           | AZITHROMYCIN | TAB 250MG    | Select | Select    |                       | Taking |
|           | CONTOUR      | TES NEXT     | Select | Select    |                       | Taking |
|           | JARDIANCE    | TAB 25MG     | Select | Select    |                       | Taking |
|           | INLYTA       | TAB 5MG      | Select | Select    |                       | Taking |
|           | METHYLPRED   | TAB 4MG      | Select | Select    |                       | Taking |
|           | PREDNISONE   | TAB 20MG     | Select | Select    |                       | Taking |
|           | MODERNA      | INJ COVID-19 | Select | Select    |                       | Taking |

# Patient Assessment Summary

|                |                    |                |                                      |
|----------------|--------------------|----------------|--------------------------------------|
| Name           | : FREDERICK MUSTOE | Age            | : 48                                 |
| Date of Birth  | : 1973-08-07       | Member ID      | : 10049711                           |
| Evaluator Name | : undefined        | Date           | : undefined                          |
| Gender         | : Male             | Address        | : 2262 OLD TAVERN ROAD, POWHATAN, VA |
| Lob            | : MLTSS            | Marital Status | : Single                             |
| Email          | :                  | Phno           | : 8046259463, 8046259463,            |

|  |              |           |        |        |  |        |
|--|--------------|-----------|--------|--------|--|--------|
|  | LEVOFLOXACIN | TAB 750MG | 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

- 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? : Completed 3rd grade

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

Do you have someone who can help if you are sick or have problems? : 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 : Need Some Help

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

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

C. Toileting : Need Some Help

D. Bathing : Need Some Help

E. Dressing : Need Some Help

F. Eating : Need Some Help

G. Walking : Need Some Help

# Patient Assessment Summary

|                |                    |                |                                      |
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How far can you walk

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

How many stairs can you climb

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

Refer patient for a physical therapy evaluation

A. Seen your PCP : **1**

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 : **1**

If one or more, describe

D. Been in a nursing home : **1**

If one or more, describe

E. Had Surgery : **1**

If one or more, describe

- 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: **No**

-Have you lost weight in the past 6 months?

Answer:

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## 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 |        |

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

## Care management related to diagnoses and symptoms

### Family History

Answer: No

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

Answer:

Assessors Comments :