

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

UNKNOWN PROVIDER QNXT PCP  
UNKNOWN STREET,  
232190000

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UNKNOWN PROVIDER QNXT PCP  
UNKNOWN STREET,  
RICHMOND, VA, 232190000

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

2022-06-01

RICKY D BYRD  
1961-01-21  
10064896

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,

10064896



Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	61	Patients Height		Patients Weight	
BMI					

# Patient Assessment Summary

Name	: RICKY D BYRD	Age	: 61
Date of Birth	: 1961-01-21	Member ID	: 10064896
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 3305 PINEY RD ,GRETNA ,VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 4349073893, 4349073893,

## 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
	FEROSUL	TAB 325MG	Select	Select		Taking
	AQUAPHOR	OIN	Select	Select		Taking
	POLYETH	POW 3350 NF	Select	Select		Taking
	PROMETHAZINE	SYP DM	Select	Select		Taking
	ALLERGY	TAB 180MG	Select	Select		Taking
	D3-1000	CAP 1000UNIT	Select	Select		Taking
	D3	CAP 50MCG	Select	Select		Taking
	CENTRUM	TAB 50+MEN	Select	Select		Taking
	ASPIRIN	TAB 81MG EC	Select	Select		Taking
	HYDROCORT	CRE 0.01	Select	Select		Taking
	ACETAMINOPHN	TAB 500MG	Select	Select		Taking
	MELATONIN	TAB 3MG	Select	Select		Taking
	HC/ALOE	CRE 0.005	Select	Select		Taking
	ZINC	OIN 0.2	Select	Select		Taking
	CEROVITE	TAB ADVANCED	Select	Select		Taking
	VITAMIN	TAB 1000UNIT	Select	Select		Taking
	ASPERCREME	CRE /ALOE	Select	Select		Taking
	BACITR	OIN 500/GM	Select	Select		Taking
	NICOTINE	DIS	Select	Select		Taking

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Lob : MLTSS Marital Status : Single  
Email : Phno : 4349073893, 4349073893,

		21MG/24H				
	DOCUSATE	CAP 100MG	Select	Select		Taking
	BENZONATATE	CAP 100MG	Select	Select		Taking
	MUCINEX	TAB 600MG ER	Select	Select		Taking
	ALIGN	CAP 4MG	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

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

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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	
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 :