

CONFIDENTIAL INFORMATION

From :

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

To :

RYAL, JENNIFER L
825 Fairfax Ave Department of Primary Care Internal Med
235071914

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RYAL, JENNIFER L
825 Fairfax Ave Department of Primary Care Internal Med
Norfolk, VA, 235071914

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

2022-06-01

JOANN THORNE
1953-09-27
10068859

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,

10068859



Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	68	Patients Height		Patients Weight	
BMI					

Patient Assessment Summary

Name	: JOANN THORNE	Age	: 68
Date of Birth	: 1953-09-27	Member ID	: 10068859
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2412 E VIRGINIA BEACH BOULEVARD,NORFOLK ,VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 7579668289,

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
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	PROAIR	AER	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	HYDROCO/APAP	TAB 5-325MG	Select	Select		Taking
	PROCHLORPER	TAB 10MG	Select	Select		Taking
	SM	DIS 7MG/24HR	Select	Select		Taking
	CIPROFLOXACN	TAB 250MG	Select	Select		Taking
	DESCOVY	TAB 200/25	Select	Select		Taking
	BUPROPION	TAB 75MG	Select	Select		Taking
	EQ	SYP CGH/CHST	Select	Select		Taking
	GABAPENTIN	CAP 300MG	Select	Select		Taking
	ATAZANAVIR	CAP 300MG	Select	Select		Taking
	RITONAVIR	TAB 100MG	Select	Select		Taking
	ENSURE	LIQ CHOCOLAT	Select	Select		Taking
	OMEPRAZOLE	CAP 20MG	Select	Select		Taking
	NICOTINE	DIS 7MG/24HR	Select	Select		Taking
	SYMITUZA	TAB	Select	Select		Taking

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	POLYETH	POW 3350 NF	Select	Select		Taking
	FENTANYL	DIS 25MCG/HR	Select	Select		Taking
	HALOPERIDOL	CON 2MG/ML	Select	Select		Taking
	MORPHINE	SOL 100/5ML	Select	Select		Taking
	LORAZEPAM	TAB 0.5MG	Select	Select		Taking
	DIAZEPAM	TAB 2MG	Select	Select		Taking
	POT CL MICRO	TAB 20MEQ ER	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PREZISTA	TAB 800MG	Select	Select		Taking
	BUPROPION	TAB 300MG XL	Select	Select		Taking
	NORVIR	TAB 100MG	Select	Select		Taking
	IPRATROPIUM	SOL 0.02%INH	Select	Select		Taking
	LIDO/PRILOCN	CRE 2.5-2.5%	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

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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?

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	
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:

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Assessors Comments :