

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. KAISER PCP
6501 LOISDALE CT,
SPRINGFIELD, VA, 221501807

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c/o Focus Care
500 West Cummings Park
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Dear KAISER PCP

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:

SHAISTA P BUTT
1968-04-06
10105324

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]

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 : SHAISTA P BUTT Age : 53
Date of Birth : 1968-04-06 Member ID : 10105324
Evaluator Name : undefined Date : undefined
Gender : Male Address : 142 BAKER STREET, MANASSAS,PARK,,VA
Lob : undefined Marital Status : Single
Email : Phno : 7033357435,

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

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

- 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 :

Patient Assessment Summary

Name	: SHAISTA P BUTT	Age	: 53
Date of Birth	: 1968-04-06	Member ID	: 10105324
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 142 BAKER STREET, MANASSAS,PARK,,VA
Lob	: undefined	Marital Status	: Single
Email	:	Phno	: 7033357435,

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 :

How confident are you in filling out medical forms by yourself? : **Not at All Confident**

Comment :

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	

Patient Assessment Summary

Name : SHAISTA P BUTT

Age : 53

Date of Birth : 1968-04-06

Member ID : 10105324

Evaluator Name : undefined

Date : undefined

Gender : Male

Address : 142 BAKER STREET, MANASSAS,PARK,,VA

Lob : undefined

Marital Status : Single

Email :

Phno : 7033357435,

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 :