

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. WALKER, ANDREW F  
1965 JEFFERSON DAVIS HWY, STE 100,  
FREDERICKSBURG, VA, 224016213

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

Dear WALKER, ANDREW F

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:

JUNE A GASKINS  
1962-09-06  
10139170

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	59	Patients Height		Patients Weight	
BMI					

# Patient Assessment Summary

Name : JUNE A GASKINS  
Date of Birth : 1962-09-06  
Evaluator Name : undefined  
Gender : Male  
Lob : undefined  
Email :

Age : 59  
Member ID : 10139170  
Date : undefined  
Address : PO BOX 213,,HAGUE,,VA  
Marital Status : Single  
Phno : 8044727226,

## 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

None

## Care management related to patient's activity levels

# Patient Assessment Summary

Name	: JUNE A GASKINS	Age	: 59
Date of Birth	: 1962-09-06	Member ID	: 10139170
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 213,,HAGUE,,VA
Lob	: undefined	Marital Status	: Single
Email	:	Phno	: 8044727226,

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:

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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	
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	

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## Care management related to diagnoses and symptoms

# Patient Assessment Summary

Name	: JUNE A GASKINS	Age	: 59
Date of Birth	: 1962-09-06	Member ID	: 10139170
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: PO BOX 213,,HAGUE,,VA
Lob	: undefined	Marital Status	: Single
Email	:	Phno	: 8044727226,

## Family History

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

Assessors Comments :