

CONFIDENTIAL INFORMATION

From :

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

To :

BLANKS, VIRGINIA L
4830 Rucker Rd,
241215281

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BLANKS, VIRGINIA L
4830 Rucker Rd,
Moneta, VA, 241215281

Virginia Premier
Attn: Medical Management
P.O. Box 5307
Richmond, Virginia 23220-0307
1-800-727-7536

2022-06-01

BRETT A BELL
2002-06-04
6872390

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,

6872390

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	19	Patients Height		Patients Weight	
BMI					

Patient Assessment Summary

Name	: BRETT A BELL	Age	: 19
Date of Birth	: 2002-06-04	Member ID	: 6872390
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 1670 FLINT HILL ROAD, MONETA, VA
Lob	: VPM4	Marital Status	: Single
Email	:	Phno	: 5403422774, 5402438564, 5403095411

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
	SMZ/TMP	TAB 800-160	Select	Select		Taking
	OSELTAMIVIR	CAP 75MG	Select	Select		Taking
	TRIAMCINOLON	OIN 0.001	Select	Select		Taking
	AMOXICILLIN	CAP 250MG	Select	Select		Taking
	PFIZER	INJ COVID-19	Select	Select		Taking
	CIPROFLOXACN	TAB 500MG	Select	Select		Taking
	MUPIROCIN	OIN 0.02	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

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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

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	

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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 :