



AMANDA L HUBBARD
7121 SOUTHFORK ROAD 1
POUND, VA, 24279-3009

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

01-13-2023

Dear AMANDA L HUBBARD,

Thank you for having your yearly health visit offered to you by Focus Care and Virginia Premier Health Plan. Virginia Premier and Focus Care are partnering to provide this service as part of our effort to enhance your quality of health. We believe better information leads to better choices and better care. Your health review with Focus Care is a great step toward preventive care and healthy living.

Find enclosed a Personal Health Summary from your most recent health visit. This summary gives you a good picture of your health with suggestions about immunizations, screenings, and health tests. Additionally, the summary has recommendations about local resources that you may want to discuss with your primary care provider.

This private information does not affect your health care coverage in any way. Please call Virginia Premier Health before you schedule any health test to make sure it is covered.

We hope you will share your Personal Health Summary with your family and discuss it with your primary care provider. Do not hesitate to call Focus Care at 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm with any questions about this letter or the enclosed Personal Health Summary.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Mattingly", with a small "MS" monogram to the right.

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: AMANDA L HUBBARD	Age	: 16
Date of Birth	: 2006-04-27	Member ID	: 11000025
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-23 01:22 AM
Gender	: Female	Address	: 7121 SOUTHFORK ROAD 1,POUND,VA
Lob	: LOB	Marital Status	: Married
Email	: same as normal form	Phone	: , 873426
Primary Language	: Hebrew	Race	: Caucasian

Vital Signs

Blood Pressure	873426/873426 mmHG	Pulse	873426 bpm	Respiratory Rate	09
Temp	10	Pulse Oximetry	10	Pain Scale /10	10
Age	16	Patients Height		Patients Weight	123 lbs
BMI					

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	Select		Select	Select	test	

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

Care management related to patient's activity levels

Assistive Devices and DME

Prosthesis, CPAP, Other - vyjhkjhgxcxf

Comment : vyjhkjhgxcxf

Falls during the past year

None

Comment : Home Safety & Personal Goals

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BOHANNON, ARLINE	
Cardiologist		

Patient Assessment Summary

Name : AMANDA L HUBBARD
Date of Birth : 2006-04-27
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : LOB
Email : same as normal form
Primary Language : Hebrew

Age : 16
Member ID : 11000025
Date : 2022-6-23 01:22 AM
Address : 7121 SOUTHFORK ROAD 1,POUND,VA
Marital Status : Married
Phone : , 873426
Race : Caucasian

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	Yes		Idl result		
RETINAL EYE EXAM	Yes		EVE test		
DEXA	Yes		dexa result		
PAD	Yes	2022-04-09	L: R:		

PHQ 2 Score: 6

PHQ 9 Score: 10

If Score is Greater than 15, recommend additional treatment

Score	Depression Severity
1 - 4	Minimal Depression
5 - 9	Mild Depression
10 - 14	Moderate Depression
15 - 19	Moderately Severe Depression
20 - 27	Severe Depression

Comment : nothing

Preventative Follow up needed

Screenings

Abdominal Aneurysm Screening	vyjhkhgxcxf
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication	
--	--

Patient Assessment Summary

Name

: AMANDA L HUBBARD

Age

: 16

Date of Birth

: 2006-04-27

Member ID

: 11000025

Evaluator Name

: test clinicianFE, FNP

Date

: 2022-6-23 01:22 AM

Gender

: Female

Address

: 7121 SOUTHFORK ROAD 1,POUND,VA

Lob

: LOB

Marital Status

: Married

Email

: same as normal form

Phone

: , 873426

Primary Language

: Hebrew

Race

: Caucasian

adherence	
Take medications as prescribed	
Other	

Assessor Comments	further duties to me once the evaluation performed today is completed ; the evaluator is not liable for abandonment my refusing to provide me treatment or continuing care to me beyond this evaluation; and I should contact my primary care or treating physician for all
-------------------	---