



LESLIE L MORSE
2313 NAVADA AVE
NORFOLK, VA, 23513-9998

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

12-23-2022

Dear LESLIE L MORSE,

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	: LESLIE L MORSE	Age	: 51
Date of Birth	: 1971-05-24	Member ID	: 11000043
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-16 02:07 PM
Gender	: Male	Address	: 2313 NAVADA AVE,NORFOLK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: ,
Primary Language	: Persian	Race	: Caucasian

Vital Signs

Blood Pressure	12/31 mmHG	Pulse	bpm	Respiratory Rate	32
Temp	120	Pulse Oximetry	123	Pain Scale /10	9
Age	51	Patients Height	5 feet 5 inch	Patients Weight	85.6 lbs
BMI	14.2				

Allergies

Substance	Reaction
sub 1	react 1
sub 2	react 2
te	

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
gttgr	LITHIUM	300MG	PO = By Mouth	AC	rtet	Taking
trytry	LISINOPRIL	5MG	M = Intramuscular	PC	trr	Not Taking
tyrytuty	ATORVASTATIN	80MG	Select	TID		Taking
thyyht	HALOPER	100MG/ML	IV = Intravenous	TID	tyy	Not Taking
	TRAZODONE	100MG	Select	Select	tyry	Taking
tyy	TRAMADOL	50MG	R = Rectal	HS	tryty	Taking
	BENZTROPINE	2MG	R = Rectal	QPM	ytyuyu	Not Taking
	IBUPROFEN	800MG	T = Topical	QPM	tghyty	Not Taking
hyhtuyu	XARELTO	15MG	IN = Inhalation	QAM	ughygyt	Taking
	OXYCOD/APAP	5-325MG	E = Eye	Select	uyguyi	Not Taking
	METOPROL	25MG ER	Select	Select		
hgyjuyi	AMIODARONE	200MG	Select	Select		
	AMITRIPTYLIN	25MG	Select	Select		
hygtuyu	DOXYCYC	100MG	Select	Select		
	NAPROXEN	500MG	Select	Select		
ghytyuyu	AMOXICILLIN	500MG	Select	Select		
	HYDROCO/APAP	5-325MG	Select	Select		
	DICYCLOMINE	20MG	Select	Select		
ghgthuytu	CLOPIDOGREL	75MG	Select	Select		
	CLINDAMYCIN	150MG	Select	Select		
	DOXYCYCL	100MG	Select	Select		
juhyiuy	AMOX/K	500-125	Select	Select		
	POLYETH	3350 NF	Select	Select		
yhjuyu	SMZ/TMP	800-160	Select	Select		

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	CEPHALEXIN	500MG	Select	Select		
tes	Esomprazole	500mg	EA = Ear	TID		
erwer	Esomprazole	tr	R = Rectal	QPM		Taking

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-02-24	gtfghy	100	PO = By Mouth	daily
2022-01-20	ghyty	200	SQ = Subcutaneous	route

Diagnoses under Chronic Care Management

Active

1. Glaucoma

History of

1. Cataracts

Care management related to patient's activity levels

Assisstive Devices and DME

Comment : Assistance device

Cane, Bed Pan

Comment : comments

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

Yes

Worries about falling or feeling unsteady when standing or walking?

Yes

Did you have a fracture in past 6 months?

No

Care management related to past medical history

Number of times in the past 12 months seen PCP : 1

Number of times in past 12 months been to the Emergency Room : 2

none

Number of times in past 12 months stayed overnight in hospital : 1

described

Number of times in past 12 months been in a nursing home : 2

already

Had Surgery in the last 12 months : 1

described one

Ever been hospitalized prior to the past 12 months: Yes

Conditions required

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	LINDA MARS	
Anesthesiologist	specialist 1	Neuro

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Psychiatrist	specialist 2	psychological
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Family History:

Family Member	Medical Condition	Cause of Death
Father	tgrtyrty	edyryt

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	Yes	2022-07-27	test microalbumin screen result	microalbumin diag	microalbumin comments
FOBT	Yes				
A1C	Yes				
LDL	Yes				
RETINAL EYE EXAM	Yes				
DEXA	Yes				
PAD	Yes		L: R:		

PHQ 2 Score: 4

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Pneumococcal Vaccine	
Diabetes Screening	
Cholesterol Screening	
STIs/HIV Screening	
Osteoporosis Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Member educated on advance care planning	
Declines discussion at this time	
Smoking/Tobacco	
Healthcare Proxy	

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Food Disparity	
Social support evaluation	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Hearing evaluation	
Dental exam	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Heart Healthy Diet	
Exercise 30 min a day	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	the evaluator and understand that the services performed by the evaluator
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