



LINDA YOUNG  
2400 BURTON STREET  
RICHMOND, VA, 23223-6468

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

01-05-2023

Dear LINDA YOUNG,

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	: LINDA YOUNG	Age	: 24
Date of Birth	: 1998-03-07	Member ID	: 11000045
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-16 02:07 PM
Gender	: Female	Address	: 2400 BURTON STREET,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: (571) 3445678, 678 1678 908
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	768 bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	24	Patients Height		Patients Weight	
BMI	(Morbid Obesity)				

## Allergies

Substance	Reaction

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	HYDROCO/APAP	7.5-325	Select	Select		
	ONDANSETRON	4MG ODT	Select	Select		
	DICYCLOMINE	10MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	PANTOPRAZOLE	40MG	Select	Select		
	SUMATRIPTAN	50MG	Select	Select		
	PROMETHAZINE	25MG	Select	Select		
	MIRTAZAPINE	15MG	Select	Select		
	APAP/CODEINE	300-30MG	Select	Select		
	CYCLOBENZAPR	10MG	Select	Select		
	OXYCOD/APAP	5-325MG	Select	Select		
	METHOCARBAM	750MG	Select	Select		
	CELECOXIB	100MG	Select	Select		
	GABAPENTIN	300MG	Select	Select		
	METHYLPRED	4MG	Select	Select		
	HALOBETASOL	0.05%	Select	Select		
	RANITIDINE	150MG	Select	Select		
	TRAZODONE	150MG	Select	Select		
	FLUCONAZOLE	150MG	Select	Select		
	PROMETHEGAN	25MG	Select	Select		
	CEPHALEXIN	500MG	Select	Select		
	FAMOTIDINE	20MG	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	PROAIR		Select	Select		
	DICLOFENAC	1%	Select	Select		
	LORAZEPAM	1MG	Select	Select		

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	TRAMADOL	50MG	Select	Select		
	DULOXETINE	30MG	Select	Select		
	OXYCODONE	10MG	Select	Select		
	LYRICA	100MG	Select	Select		
	METOCLOPRAM	5MG	Select	Select		
	NYSTATIN	100000	Select	Select		
	SHINGRIX	50MCG	Select	Select		
	PROCHLORPER	10MG	Select	Select		
	TRIAMCINOLON	0.10%	Select	Select		
	DIAZEPAM	5MG	Select	Select		
	ALBUTEROL	E HFA INH	Select	Select		
	SUCRALFATE	1GM	Select	Select		

## Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-11-09				

## Diagnoses under Chronic Care Management

### Active

1. Cataracts
2. Difficulty with Hearing
3. Sleep Apnea
4. Cardiomyopathy, Hypertension
5. GERD
6. Spinal Stenosis
7. Skin ulcer
8. Diabetes, Peripheral Neuropathy secondary to Diabetes

### History of

1. Stroke

## Care management related to patient's activity levels

### Assistive Devices and DME

Cane, Oxygen, CPAP

### Falls during the past year

Once

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

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

## Care management related to past medical history

Number of times in the past 12 months seen PCP :

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

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

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

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Had Surgery in the last 12 months :  
Ever been hospitalized prior to the past 12 months: Yes

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	DICKERSON, TASHA B	
Hematologist		

## Family History:

Family Member	Medical Condition	Cause of Death

## 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	No				
RETINAL EYE EXAM					
DEXA	No				
PAD	Yes	2022-12-02	L: (Normal) R:		

PHQ 2 Score: 3

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

### Social

Smoking/Tobacco	
Healthcare Proxy	

### Disease Management

Hearing evaluation	
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Assessor Comments	
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