



CELIA CARTER
800 DAPHIA CIRCLE
NEWPORT NEWS, VA, 6566809

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

01-13-2023

Dear CELIA CARTER,

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	: CELIA CARTER	Age	: 38
Date of Birth	: 1984-03-11	Member ID	: 11000055
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-10 10:19 AM
Gender	: Female	Address	: 800 DAPHIA CIRCLE,NEWPORT NEWS,VA
Lob	: DSNP	Marital Status	: Separated
Email	: abc@gmail.com	Phone	: ,
Primary Language	:	Race	: Asian

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	38	Patients Height	445 feet 555 inch	Patients Weight	66666 lbs
BMI	1.3				

Allergies

Substance	Reaction

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	LEVOTHYROXIN	TAB 112MCG	Select	Select		Taking
	TAMSULOSIN	CAP 0.4MG	Select	Select		Not Taking
	SMZ/TMP	TAB 800-160	Select	Select		
	EUTHYROX	TAB 100MCG	Select	Select		
	METRONIDAZOL	TAB 500MG	Select	Select		
	TRAMADOL	TAB 50MG	Select	Select		
	SUCRALFATE	TAB 1GM	Select	Select		
	DOXYCYC	CAP 100MG	Select	Select		
	POT CL MICRO	TAB 20MEQ ER	Select	Select		Not Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		
	Select		Select	Select		
	Select		Select	Select		

Over the Counter Medications / Supplements

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

Diagnoses under Chronic Care Management

Active

1. Cataracts
2. Difficulty with Hearing
3. Diabetes, Peripheral Neuropathy secondary to Diabetes

History of

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1. Myocardial Infarction

Care management related to patient's activity levels

Assistive Devices and DME

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 : None

Number of times in past 12 months been to the Emergency Room : 1

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: Yes

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	MAJUMDAR, SOHINI	
Ophthalmologist		

Family History:

Family Member	Medical Condition	Cause of Death
Father		

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	Yes				
A1C	Yes				
LDL	Yes				
RETINAL EYE EXAM	Yes				
DEXA	No				
PAD	No				

PHQ 2 Score: 3

Preventative Follow up needed

Screenings

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Breast Cancer Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

Social

Member educated on advance care planning	
Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Advanced Directive	
Literacy	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Eye exam	
Swallowing evaluation	
Blood Pressure checks	
Exercise 30 min a day	
Take medications as prescribed	
Other	

Assessor Comments	
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