



RACHEL C TAYLOR
SAMUELS, GARFIELD HUE MD
NORFOLK, VA, 23504-9998

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

07-14-2022

Dear RACHEL C TAYLOR,

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" to the right.

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

Patient Assessment Summary

Name	: RACHEL C TAYLOR	Age	: 76
Date of Birth	: 1945-11-03	Member ID	: 11000068
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-17 02:24 PM
Gender	: Female	Address	: SAMUELS, GARFIELD HUE MD,NORFOLK,VA
Lob	: DSNP	Marital Status	: Single
Email	: qwe@gmail.com	Phone	: 7574612312, 5847236914
Primary Language	: Greek	Race	: African American

Vital Signs

Blood Pressure	25/25 mmHG	Pulse	65 bpm	Respiratory Rate	25
Temp	37	Pulse Oximetry	65	Pain Scale /10	5
Age	76	Patients Height	4 feet 23 inch	Patients Weight	52 lbs
BMI	7.3 (Obesity)				

Allergies

Substance	Reaction
asd	ref

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
asd	Ranitidine	25	PO = By Mouth	Select	hg	Not Taking

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-03-03	all	2	PO = By Mouth	2

Diagnoses under Chronic Care Management

Active

1. Difficulty Chewing
2. Other - ss
3. Chronic Pulmonary Embolism
4. Celiac Disease, Gall Bladder Disease
5. BPH
6. Osteoarthritis

History of

1. Retinal Disease

Care management related to patient's activity levels

Assistive Devices and DME

Prosthesis

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?

No

Did you have a fracture in past 6 months?

Yes

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Was it due to fall?

Yes

Are you on osteoporosis med?

No

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

kjh

Number of times in past 12 months stayed overnight in hospital : 2

okn

Number of times in past 12 months been in a nursing home : 1

okl

Had Surgery in the last 12 months : 5

hjj

Ever been hospitalized prior to the past 12 months: No

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	GRANT, THOMAS R	

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	Yes	2022-04-28	yes	yes	yes
FOBT	No				
A1C	No				
LDL	Yes	2022-04-28	sss	afa	ggd
RETINAL EYE EXAM	No				
DEXA	No				
PAD	Yes	2022-04-27	L: Hi(Mild) R: hello(Moderate).	dd	ss

PHQ 2 Score: 2

Preventative Follow up needed

Screenings

Breast Cancer Screening	
Influenza Vaccine	
Diabetes Screening	
Abdominal Aneurysm Screening	
Nutrition/ weight management	

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Social

Smoking/Tobacco	
Durable Power of attorney	
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	
Swallowing evaluation	
Heart Healthy Diet	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Take medications as prescribed	
Other	

Assessor Comments	ye
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