



MYRTLE A FOSTER  
2811 INDIAN NECK ROAD  
TAPPAHANNOCK, VA, 22560-9998

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

11-24-2022

Dear MYRTLE A FOSTER,

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	: MYRTLE A FOSTER	Age	: 72
Date of Birth	: 1950-02-10	Member ID	: 11000135
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-25 12:23 PM
Gender	: Female	Address	: 2811 INDIAN NECK ROAD,TAPPAHANNOCK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042461784,
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	72	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PANTOPRAZOLE	40MG	Select	Select		
	ALLOPURINOL	100MG	Select	Select		
	DOXAZOSIN	4MG	Select	Select		
	HYDRALAZINE	25MG	Select	Select		
	LABETALOL	300MG	Select	Select		
	TRUE	GLUCOSE	Select	Select		
	FUROSEMIDE	40MG	Select	Select		
	CREON	36000UNT	Select	Select		
	METOPROL	50MG	Select	Select		
	LOSARTAN	25MG	Select	Select		
	AMLODIPINE	10MG	Select	Select		
	VICTOZA	18MG/3ML	Select	Select		
	PRAVASTATIN	40MG	Select	Select		
	VALSARTAN	320MG	Select	Select		
	JANUVIA	50MG	Select	Select		
	GLIPIZIDE	10MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	ONDANSETRON	4MG ODT	Select	Select		
	PREDNISONE	10MG	Select	Select		
	NOVOFINE	32GX4MM	Select	Select		

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

# Patient Assessment Summary

Name	: MYRTLE A FOSTER	Age	: 72
Date of Birth	: 1950-02-10	Member ID	: 11000135
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-25 12:23 PM
Gender	: Female	Address	: 2811 INDIAN NECK ROAD,TAPPAHANNOCK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042461784,
Primary Language	:	Race	: African American

## Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

None

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 3

Number of times in past 12 months been to the Emergency Room : 5

five or more

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

Two

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

One

Had Surgery in the last 12 months : 4

Four

Ever been hospitalized prior to the past 12 months: Yes

Described

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BIGGERS, JONATHAN WOODRUFF	

## 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	2022-04-09	result		
FOBT	Yes	2022-03-25	possw	dia	commen
A1C	Yes	2022-03-23	eul	dia	com
LDL	Yes	2022-04-09	esults	Diagno	coment
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 3

## Preventative Follow up needed

### Screenings

None

### Social

None

# Patient Assessment Summary

Name	: MYRTLE A FOSTER	Age	: 72
Date of Birth	: 1950-02-10	Member ID	: 11000135
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-2-25 12:23 PM
Gender	: Female	Address	: 2811 INDIAN NECK ROAD,TAPPAHANNOCK,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042461784,
Primary Language	:	Race	: African American

## Disease Management

None

Assessor Comments	
-------------------	--