



DONALD R DOVE  
6166 BELSPRING RD  
RADFORD, VA, 24141-8975

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

12-19-2022

Dear DONALD R DOVE,

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	: DONALD R DOVE	Age	: 70
Date of Birth	: 1952-05-03	Member ID	: 11000287
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-8-17 02:40 PM
Gender	: Male	Address	: 6166 BELSPRING RD,RADFORD,VA
Lob	: DSNP	Marital Status	:
Email	: dharani.r@nuageedtech.com	Phone	: 5406331936,
Primary Language	: English	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	70	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	PREDNISONE	TAB 20MG	Select	Select		
	AZITHROMYCIN	TAB 250MG	Select	Select		
	JARDIANCE	TAB 25MG	Select	Select		
	METFORMIN	TAB 1000MG	Select	Select		
	BUPROPION	TAB 150MG SR	Select	Select		
	AMLODIPINE	TAB 5MG	Select	Select		
	LOSARTAN	TAB 100MG	Select	Select		
	BYDUREON	INJ 2/0.85ML	Select	Select		
	ATORVASTATIN	TAB 80MG	Select	Select		
	ROSUVASTATIN	TAB 40MG	Select	Select		
	HYDROCO/APAP	TAB 5-325MG	Select	Select		
	TAMSULOSIN	CAP 0.4MG	Select	Select		
	TRAZODONE	TAB 50MG	Select	Select		
	DEXAMETHASON	TAB 4MG	Select	Select		
	METOPROL	TAB 50MG ER	Select	Select		
	ZOLPIDEM	TAB 5MG	Select	Select		
	FUROSEMIDE	TAB 20MG	Select	Select		
	OXYCOD/APAP	TAB 5-325MG	Select	Select		
	IBUPROFEN	TAB 800MG	Select	Select		
	PIOGLITAZONE	TAB 45MG	Select	Select		
	FLUOXETINE	CAP 10MG	Select	Select		
	ALBUTEROL	FAT E	Select	Select		
	BUDES/FORMOT	AER 80-4.5	Select	Select		
	CIPROFLOXACIN	TAB 500MG	Select	Select		
	FLUCONAZOLE	TAB 200MG	Select	Select		
	CLOTRIMAZOLE	TRO 10MG	Select	Select		
	FLUZONE	INJ PF 19-20	Select	Select		

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	BOOSTRIX	INJ	Select	Select		
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## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assistive Devices and DME

Walker, Bed Pan

Falls during the past year

None

## 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 :

Had Surgery in the last 12 months :

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	BADILLO, LESLIE	

## 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		sdefone		
FOBT	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

## Screenings

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## Social

Declines discussion at this time	declines discussion
Substance Abuse	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

## Disease Management

None

Assessor Comments	
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