



WILLIAM ROSE  
12509 WINFREE ST  
CHESTER, VA, 23831-9998

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

06-14-2022

Dear WILLIAM ROSE,

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	: WILLIAM ROSE	Age	: 61
Date of Birth	: 1961-01-08	Member ID	: 11000718
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-31 06:00 PM
Gender	: Male	Address	: 12509 WINFREE ST,CHESTER,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8048598104, 8047352743
Primary Language	:	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	61	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

None

## Care management related to patient's activity levels

Assisstive Devices and DME  
Cane, Prosthesis, Wheel Chair, Bed Pan, Other -  
Falls during the past year  
None

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 1  
Number of times in past 12 months been to the Emergency Room : 1  
Number of times in past 12 months stayed overnight in hospital : 1  
Number of times in past 12 months been in a nursing home : 1  
Had Surgery in the last 12 months : 1  
Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	HAFFIZULLA, HOPE A	

## Family History:

None

## Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening	Exam Date	Screening Result	Diagnosis	Comments
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	Completed				
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

### Screenings

None

### Social

Smoking/Tobacco	
Durable Power of attorney	
Advanced Directive	
Literacy	

### Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Hearing evaluation	
Eye exam	
Swallowing evaluation	
Take medications as prescribed	
Other	

Assessor Comments	
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