



ORLANDO M ARTIS  
3616 CHAMBERLAYNE AVE  
RICHMOND, VA, 23227-9998

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

12-01-2022

Dear ORLANDO M ARTIS,

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	: ORLANDO M ARTIS	Age	: 70
Date of Birth	: 1952-09-10	Member ID	: 11001056
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-29 04:57 PM
Gender	: Male	Address	: 3616 CHAMBERLAYNE AVE,RICHMOND,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 8042399091, 8042399097
Primary Language	:	Race	: African American

## 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
	DICYCLOMINE	TAB 20MG	Select	Select		
	AMITRIPTYLIN	TAB 25MG	Select	Select		
	PANTOPRAZOLE	TAB 40MG	Select	Select		
	ATORVASTATIN	TAB 40MG	Select	Select		
	FREESTYLE MIS LITE	MIS LITE	Select	Select		
	FREESTYLE TES LITE	TES LITE	Select	Select		
	METOPROL	TAB 50MG	Select	Select		
	JARDIANCE	TAB 25MG	Select	Select		
	IBUPROFEN	TAB 800MG	Select	Select		
	LISINOPRIL	TAB 20MG	Select	Select		
	METFORMIN	TAB 1000MG	Select	Select		
	ENBREL	INJ 50MG/ML	Select	Select		
	CHLORTHALID	TAB 25MG	Select	Select		
	FLUARIX	INJ 2019-20	Select	Select		
	AMOXICILLIN	TAB 500MG	Select	Select		
	SULFASALAZIN	TAB 500MG	Select	Select		
	PREDNISONE	TAB 10MG	Select	Select		
	COLESTIPOL	TAB 1GM	Select	Select		
	METHOTREXATE	TAB 2.5MG	Select	Select		
	CLINDAMYCIN	GEL 0.01	Select	Select		
	ACCU-CHEK	TES AVIVA PL	Select	Select		
	FLUTICASONE	SPR 50MCG	Select	Select		
	TRAMADOL	TAB 50MG	Select	Select		
	PEG-3350	SOL ELECTROL	Select	Select		
	METHYLPRED	TAB 4MG	Select	Select		
	AZELASTINE	SPR 0.001	Select	Select		
	DICLOFENAC	TAB 75MG DR	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

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 :

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	DEBOER, SARAH E	

## 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	No				
FOBT	Yes		KXN - Kit shelf life expired, sample cannot be tested.		
A1C	No				
LDL	Yes				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed

## Screenings

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None

## Social

Member educated on advance care planning	
Declines discussion at this time	

## Disease Management

None

Assessor Comments	
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