



BRENDAN S CORBIN  
1812 OAK AVE  
BUENA VISTA, VA, 24416-9998

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

08-01-2022

Dear BRENDAN S CORBIN,

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	: BRENDAN S CORBIN	Age	: 76
Date of Birth	: 1946-02-05	Member ID	: 11001059
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-27 03:20 PM
Gender	: Female	Address	: 1812 OAK AVE,BUENA VISTA,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5402611845, 5407849525
Primary Language	: English	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	76	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

Assisitive 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	HOFFORD, ROGER	

## 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
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MICROALBUMIN	No				
FOBT	Yes		screening 2		
A1C	No				
LDL	No				
RETINAL EYE EXAM	Yes				
DEXA	Yes			s	
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed Screenings

None

## Social

Declines discussion at this time	a a ime
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## Disease Management

None

Assessor Comments	have been advised by the evaluator and understand that the services performed by the evaluator are limited to the evaluation performed today; the evaluator has no further duties to me once the evaluation perfor
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