



CHERYL L CALE  
106 CLIFFVIEW DR  
COVINGTON, VA, 24426-5804

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

07-01-2022

Dear CHERYL L CALE,

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	: CHERYL L CALE	Age	: 67
Date of Birth	: 1955-02-02	Member ID	: 11001391
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-6-1 05:32 PM
Gender	: Female	Address	: 106 CLIFFVIEW DR, COVINGTON, VA
Lob	: DSNP	Marital Status	: Married
Email	: abc@gmail.com	Phone	: 5409658903,
Primary Language	: Hindi	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	67	Patients Height		Patients Weight	
BMI	(Obesity)				

## Allergies

None

## Current Medications

None

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

### Active

1. Alcohol Dependence, Amyotrophic Lateral Sclerosis, Bipolar Disorder, Cerebral Hemorrhage, Dementia, Depression, Drug Dependence, Guillain-Barre Disease, Hemiparesis, Multiple Sclerosis, Restless leg syndrome, Spinal Cord Injury, Stroke, Subdural Hematoma, TIA, Traumatic Brain Injury
2. Acute Renal Failure, BPH, Chronic Kidney Disease, ESRD, Erectile Dysfunction, Frequent UTI, Gynecological, Nephritis or Nephrosis, Other - undefined
3. Collagen (Connective) Tissue Disease, Degenerative Disc Disease, Extremity Fracture, Hallux Valgus, Hammer Toes, Osteoarthritis, Osteomyelitis, Spinal Stenosis, Systemic Lupus Erythematosus
4. Basil Cell Carcinoma
5. Chronic Kidney Disease secondary to Diabetes, Diabetic Retinopathy, Secondary Hyperparathyroidism, Hypertension and Diabetes, Hyperthyroidism, Hypothyroidism, Peripheral Vascular Disease secondary to Diabetes, Hyperparathyroidism, Other - described
6. AIDS, Anemia, Sepsis, Vitamin D Deficiency, Other - undefined

## History of

1. Chronic Post Nasal Drip
2. Anxiety, Cerebral Palsy, Delusional Disease, Seizures
3. Kidney Stones, Urinary Incontinence
4. Gout, Rheumatoid Arthritis
5. Peripheral Neuropathy secondary to Diabetes
6. Community Acquired MRSA Infection, Herpes Zoster, Sickle Cell Disease, Thrombocytopenia

## Care management related to patient's activity levels

Assistive Devices and DME

Walker, Oxygen, Urinal, CPAP

Falls during the past year

None

## Care management related to past medical history

Number of times in the past 12 months seen PCP : None

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Number of times in past 12 months been to the Emergency Room : [None](#)  
Number of times in past 12 months stayed overnight in hospital : [None](#)  
Number of times in past 12 months been in a nursing home : [None](#)  
Had Surgery in the last 12 months : [None](#)

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	HENDERSON, ROBERT J	

## 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				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score: 0

## Preventative Follow up needed

### Screenings

Breast Cancer Screening	
Colorectal Screening	
COVID-19 Vaccine	
Herpes Zoster Vaccine	
Diabetic Foot Exam	
STIs/HIV Screening	
Osteoporosis Screening	
Fall Risk Screening	
Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Smoking/Tobacco	
Durable Power of attorney	

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Food Disparity	
Social support evaluation	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Dental exam	
Swallowing evaluation	
Discuss PT/OT evaluation with PCP	
Check Blood sugar	
Report abnormal bruising or bleeding	
Follow up with doctor for lab work	
Take medications as prescribed	
Other	

Assessor Comments	
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