



JESSICA C DUNBAR
915 STEWART AVENUE
ROANOKE, VA, 24013-1523

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

01-18-2023

Dear JESSICA C DUNBAR,

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 : JESSICA C DUNBAR
Date of Birth : 1974-09-11
Evaluator Name : test clinicianFE, FNP
Gender : Female
Lob : DSNP
Email :
Primary Language :

Age : 48
Member ID : 11001517
Date : 2022-11-17 11:48 AM
Address : 915 STEWART AVENUE,ROANOKE,VA
Marital Status :
Phone : 5403142089, 5406766755
Race : Caucasian

Vital Signs

Blood Pressure	90/120 mmHG	Pulse	99 bpm	Respiratory Rate	99
Temp	45	Pulse Oximetry	120	Pain Scale /10	9
Age	48	Patients Height	6 feet 1 inch	Patients Weight	75 lbs
BMI	9.9 (Obesity)				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	HYDROXYZ	10MG	Select	Select		
	GABAPENTIN	100MG	Select	Select		
	FLUOXETINE	40MG	Select	Select		
	ARIPIRAZOLE	5MG	Select	Select		
	PENICILLN	500MG	Select	Select		
	IBUPROFEN	600MG	Select	Select		
	HYDROCHLOROT	25MG	Select	Select		
	OMEPRAZOLE	20MG	Select	Select		
	SPRINTEC	28 DAY	Select	Select		
	OXYCODONE	5MG	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	CLINDAMYCIN	300MG	Select	Select		
	TRANEX	650MG	Select	Select		
	CYCLOBENZAPR	10MG	Select	Select		
	DICLOFENAC	75MG DR	Select	Select		
	TIZANIDINE	4MG	Select	Select		

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

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None

Care management related to past medical history

Number of times in the past 12 months seen PCP : [None](#)
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](#)
Ever been hospitalized prior to the past 12 months: [No](#)

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	SWEET, MARY G	

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

PHQ 2 Score: 0

Preventative Follow up needed

Screenings

None

Social

None

Disease Management

None

Assessor Comments	Patient summary
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