

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. DANIELA G CIOFLEC MD PC
1714 E Hundred Rd Ste 101
Chester, VA, 238363310

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DANIELA G CIOFLEC MD PC
1714 E Hundred Rd Ste 101
Chester, VA, 238363310

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

12/28/2022

Dear DANIELA G CIOFLEC MD PC,

Virginia Premier, in partnership with Focus Care, provided a comprehensive health visit for your patient. The visit was conducted by a Focus Care clinician. Find attached a summary of the visit for:

CHARLENE G MCCLENNY
06/04/1953
11000032

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concerns.

If you have any questions or if you want to set up an In-Home Health Review, please call us at 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Mattingly" followed by a stylized "MD".

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: CHARLENE G MCCLENNY	Age	: 69
Date of Birth	: 1953-06-04	Member ID	: 11000032
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-23 06:03 PM
Gender	: Female	Address	: 812 BERMUDA HUNDRED RD,CHESTER,VA
Lob	: MLTSS	Marital Status	: Married
Email	:	Phone	: 991231333,
Primary Language	:	Race	: Native American

Vital Signs

Blood Pressure	24/873426 mmHG	Pulse	873426 bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	69	Patients Height	873426 feet	Patients Weight	12.3 lbs
BMI	0.0				

Allergies

Substance	Reaction

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
HTN	lisinopril		PO = By Mouth	QAM		Taking
	Select		Select	Select		
	Select		Select	Select		
	Select		Select	Select		

Over the Counter Medications / Supplements

Date	Description	Dose/Units	Route	Frequency
2022-08-18				

Diagnoses under Chronic Care Management

Active

1. Cataracts
2. Difficulty with Hearing
3. Other - undefined
4. Asthma
5. GERD
6. Rheumatoid Arthritis
7. Diabetes

History of

1. Myocardial Infarction

Care management related to patient's activity levels

Assistive Devices and DME

Cane, Oxygen, CPAP

Falls during the past year

Twice

Patient Assessment Summary

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Date of Birth : 1953-06-04 Member ID : 11000032
Evaluator Name : test clinicianFE, FNP Date : 2022-5-23 06:03 PM
Gender : Female Address : 812 BERMUDA HUNDRED RD,CHESTER,VA
Lob : MLTSS Marital Status : Married
Email : Phone : 991231333,
Primary : Race : Native American
Language :

Do you worry about falling or feeling unsteady when standing or walking
Worries about falling or feeling unsteady when standing or walking?
Did you have a fracture in past 6 months?

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 : 1
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 :
Ever been hospitalized prior to the past 12 months: Yes

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	DANIELA G CIOFLEC MD PC	
Neurologist		

Family History:

Family Member	Medical Condition	Cause of Death
Father		

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	Yes	2022-08-18		r/o	
LDL					
RETINAL EYE EXAM	Yes				
DEXA					
PAD					

PHQ 2 Score:

Preventative Follow up needed

Screenings

Breast Cancer Screening	
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Social

Declines discussion at this time	
Smoking/Tobacco	
Durable Power of attorney	

Patient Assessment Summary

Name

: CHARLENE G MCCLENNY

Age

: 69

Date of Birth

: 1953-06-04

Member ID

: 11000032

Evaluator Name

: test clinicianFE, FNP

Date

: 2022-5-23 06:03 PM

Gender

: Female

Address

: 812 BERMUDA HUNDRED RD,CHESTER,VA

Lob

: MLTSS

Marital Status

: Married

Email

:

Phone

: 991231333,

Primary Language

:

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: Native American

Healthcare Proxy	
Advanced Directive	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Hearing evaluation	
Swallowing evaluation	

Assessor Comments	
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