

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. STEWART, KNOTRESHA F  
28 Town Center Dr  
Dublin, VA, 240846069

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Dublin, VA, 240846069

c/o Focus Care  
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Woburn, MA 01801

12/19/2022

Dear STEWART,

Re: Patient STEPHEN MITCHUSSON, DOB: 09/03/1980

Recently, one of your patients had a health visit with Focus Care. The visit was authorized by Virginia Premier Health, your patient's health insurance plan.

The attached document is a copy of the laboratory test results from their visit with Focus Care. We hope the information from these test results will be valuable and support you in your role as a primary care provider.

If you have any questions, please call 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 M.D.", with a stylized flourish at the end.

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

# Patient Assessment Summary

Name : STEPHEN P MITCHUSSON  
Date of Birth : 1980-09-03  
Evaluator Name : test clinicianFE, FNP  
Gender : Male  
Lob : DSNP  
Email :  
Primary Language : Korean

Age : 41  
Member ID : 11000178  
Date : 2022-5-18 05:06 PM  
Address : 1001 FLOYD LN,PULASKI,VA  
Marital Status :  
Phone : 5405532929,  
Race : Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	41	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	NAPROXEN	500MG	Select	Select		
	OMEPRAZOLE	40MG	Select	Select		
	TIZANIDINE	4MG	Select	Select		
	ZOLPIDEM	5MG	Select	Select		
	LISINOPRIL	5MG	Select	Select		
	HYDROCO/APAP	7.5-325	Select	Select		
	HYDROXYZ	50MG	Select	Select		
	TRULICITY	1.5/0.5	Select	Select		
	PANTOPRAZOLE	40MG	Select	Select		
	GABAPENTIN	600MG	Select	Select		
	AMLODIPINE	5MG	Select	Select		
	ONDANSETRON	4MG	Select	Select		
	ATORVASTATIN	40MG	Select	Select		
	ALBUTEROL	E	Select	Select		
	PROMETHAZINE	25MG	Select	Select		
	NITROGLYCERN	0.4MG	Select	Select		
	DICLOFENAC	75MG DR	Select	Select		
	DICYCLOMINE	10MG	Select	Select		
	OXYCOD/APAP	7.5-325	Select	Select		
	PROAIR		Select	Select		

## Over the Counter Medications / Supplements

None

## Diagnoses under Chronic Care Management

Active

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Lob	: DSNP	Marital Status	:
Email	:	Phone	: 5405532929,
Primary Language	: Korean	Race	: Caucasian

None

## History of

1. Diverticulitis, Hepatitis

## Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

Once

Do you worry about falling or feeling unsteady when standing or walking

No

Worries about falling or feeling unsteady when standing or walking?

Did you have a fracture in past 6 months?

Yes

Was it due to fall?

No

Are you on osteoporosis med?

No

## Care management related to past medical history

Number of times in the past 12 months seen PCP : 1

Number of times in past 12 months been to the Emergency Room : 1

Number of times in past 12 months stayed overnight in hospital : 1

Number of times in past 12 months been in a nursing home : 1

Had Surgery in the last 12 months : 1

Ever been hospitalized prior to the past 12 months: No

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	STEWART, KNOTRESHA F	

## 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	Yes	2022-03-25	results 1		comentsss
DEXA	Yes	2022-03-25	completed	diagnos	
PAD	No				

PHQ 2 Score: 2

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## Preventative Follow up needed Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Substance Abuse	
Healthcare Proxy	
Food Disparity	
Social support evaluation	

## Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Take medications as prescribed	
Other	

Assessor Comments	
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