

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. BROWN, BENJAMIN T  
4038 Thomas Nelson Hwy  
Arrington, VA, 229222302

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4038 Thomas Nelson Hwy  
Arrington, VA, 229222302

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

05/26/2022

Dear BROWN, BENJAMIN T,

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:

HENRY WASHINGTON  
05/05/1992  
11000401

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 M.D.", with a stylized flourish at the end.

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

# Patient Assessment Summary

Name	: HENRY WASHINGTON	Age	: 30
Date of Birth	: 1992-05-05	Member ID	: 11000401
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-25 07:00 PM
Gender	: Male	Address	: 6867 JAMES RIVER RD,SHIPMAN,VA
Lob	: VPM4	Marital Status	:
Email	:	Phone	: 4342635755,
Primary Language	: Russian	Race	: African American

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	30	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  
Cane, Prosthesis, Wheel Chair, 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  
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	BROWN, BENJAMIN T	

## 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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Lob : VPM4  
Email :  
Primary Language : Russian

Age : 30  
Member ID : 11000401  
Date : 2022-5-25 07:00 PM  
Address : 6867 JAMES RIVER RD,SHIPMAN,VA  
Marital Status :  
Phone : 4342635755,  
Race : African American

MICROALBUMIN	No				
FOBT	Yes				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

## Preventative Follow up needed Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

## Social

Healthcare Proxy	
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	
Blood Pressure checks	
Heart Healthy Diet	
Take medications as prescribed	
Other	

Assessor Comments	
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