

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. ATIQ, AIDA  
2148 W Mercury Blvd  
Hampton, VA, 236663111

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ATIQ, AIDA  
2148 W Mercury Blvd  
Hampton, VA, 236663111

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

05/26/2022

Dear ATIQ, AIDA,

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:

CEINWEN G MELSON  
05/04/1972  
11000467

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" with a stylized flourish at the end.

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

# Patient Assessment Summary

Name	: CEINWEN G MELSON	Age	: 50
Date of Birth	: 1972-05-04	Member ID	: 11000467
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-5-28 09:47 AM
Gender	: Female	Address	: 1 GREAT OAKS CIRCLE,NEWPORT NEWS,VA
Lob	: VPM4	Marital Status	:
Email	:	Phone	: 7573449137,
Primary Language	: English	Race	: Caucasian

## Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	50	Patients Height		Patients Weight	
BMI					

## Allergies

None

## Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	TRAZODONE	100MG	Select	Select		
	ALENDRONATE	35MG	Select	Select		
	ATENOLOL	25MG	Select	Select		
	ALBUTEROL	E	Select	Select		
	PROAIR		Select	Select		
	LINZESS	72MCG	Select	Select		
	SPIRIVA	2.5MCG	Select	Select		
	CLOPIDOGREL	75MG	Select	Select		
	BUPROPION	150MG SR	Select	Select		
	ATORVASTATIN	80MG	Select	Select		
	DOXYCYCL	100MG	Select	Select		
	SHINGRIX	50/0.5ML	Select	Select		
	BREO	100-25	Select	Select		
	CHLORHEX	0.12%	Select	Select		
	CIPROFLOXACN	0.3% OP	Select	Select		
	DICLOFENAC	1%	Select	Select		
	CITALOPRAM	10MG	Select	Select		
	CYCLOPENTOL	2% OP	Select	Select		
	PREDNISOLONE	1% OP	Select	Select		
	PROLENSA	0.07%	Select	Select		
	AMOXICILLIN	500MG	Select	Select		
	NITROFURANTN	100MG	Select	Select		
	TRAMADOL	50MG	Select	Select		
	IBUPROFEN	800MG	Select	Select		
	CHANTIX	0.5& 1MG	Select	Select		

## Over the Counter Medications / Supplements

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Lob : VPM4 Marital Status :  
Email : Phone : 7573449137,  
Primary Language : English Race : Caucasian

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

None

## 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 :

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 :

## Providers:

Medical Specialty	Specialist	For
Primary Care Physician	ATIQ, AIDA	

## 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:

## Preventative Follow up needed

## Screenings

None

## Social

None

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## Disease Management

None

Assessor Comments	
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