

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. KUM-NJI, PHILIP
1000 E Broad St,
Richmond, VA, 232191930

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KUM-NJI, PHILIP
1000 E Broad St,
Richmond, VA, 232191930

Virginia Premier Elite Plus
Attn: Medical Management
PO Box 4280
Richmond, VA 23220-0307
1-800-318-6023

2022-02-09

Dear KUM-NJI, PHILIP

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:

ALAHNA N WHITNER
2001-02-02
10042007

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 concern.

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,

Dr. Mark Mattingly, MD
[Medical Director]

10042007



Patient Assessment Summary

Name	: ALAHNA N WHITNER	Age	: 21
Date of Birth	: 2001-02-02	Member ID	: 10042007
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 2105 LAUDERDALE DRIVE, HENRICO, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 8047402367, 8047402367,

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	21	Patients Height		Patients Weight	
BMI					

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer:

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	VITAMIN	TAB 2000UNIT	Select	Select		Taking
	PAZEO	DRO 0.007	Select	Select		Taking
	TRANEX	TAB 650MG	Select	Select		Taking
	STIMATE	SOL 1.5MG/ML	Select	Select		Taking
	OXYCODONE	TAB 5MG	Select	Select		Taking
	METFORMIN	TAB 750MG ER	Select	Select		Taking
	OYSCO	TAB 500MG	Select	Select		Taking
	LEVOTHYROXIN	TAB 75MCG	Select	Select		Taking
	MOMETASONE	SPR 50MCG	Select	Select		Taking
	CVS	TAB 10MG	Select	Select		Taking
	AMINOCAPROIC	SOL 0.25/ML	Select	Select		Taking
	CETIRIZINE	TAB 10MG	Select	Select		Taking

Patient Assessment Summary

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Date of Birth : 2001-02-02 Member ID : 10042007
Evaluator Name : undefined Date : undefined
Gender : Female Address : 2105 LAUDERDALE DRIVE ,HENRICO ,VA
Lob : MLTSS Marital Status : Single
Email : Phno : 8047402367, 8047402367,

	SMZ/TMP	TAB 800-160	Select	Select		Taking
	AMOXICILLIN	CAP 500MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	OYSTER	TAB 500MG	Select	Select		Taking
	ERYTHROMYCIN	OIN OP	Select	Select		Taking
	ACETAMINOPHEN	TA B 325	Select	Select		Taking
	DOK	CAP 100MG	Select	Select		Taking
	MONTELUKAST	TAB 10MG	Select	Select		Taking

Over the Counter Medications / Supplements

Answer:

- Race

Answer: Other

Describe

Answer: No Ethnicity

- Preferred language

Answer:

Diagnoses under Chronic Care Management

None

Care management related to self - assessment and psychosocial behaviors

None

Care management related to patient's activity levels

If no activities are checked as need some help or total help

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer:

Are you currently seeing any specialists?

Patient Assessment Summary

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Gender	: Female	Address	: 2105 LAUDERDALE DRIVE, HENRICO, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 8047402367, 8047402367,

If no activities are checked as need some help or total help

- Have you ever been hospitalized prior to the last 12 months?

Answer:

- In the past year how many times have you Fallen?

Answer:

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer:

-Have you lost weight in the past 6 months?

Answer:

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	
Breast Exam/Mammography	
Cervical Screening	
Bone Density	
Prostate Exam/PSA	
If Diabetic Eye Exam	
If Diabetic Foot Exam	
If Diabetic Hgb A1c screen	
Lipid Panel	

Care management related to diagnoses and symptoms

Family History

- In the past year how many times have you Fallen?

Answer:

Assessors Comments :