



BARR, MARK CAMERON
9600 Patterson Ave Ste B,
Henrico, VA, 232296053

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

2021-10-21

Dear BARR, MARK CAMERON

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:

ERIC S FOWLER
1974-02-07
10049198

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,

A handwritten signature in blue ink, appearing to read "Dr. Mark Mattingly", with a small "MS" to the right.

Dr. Mark Mattingly, MD
[Medical Director]

10049198



Patient Assessment Summary

Name : ERIC S FOWLER Age : 47
Date of Birth : 1974-02-07 Member ID : 10049198
Evaluator Name : test Date : 2021-10-21T15:22
Gender : Male Address : PAULINE FOWLER ,GOOCHLAND ,V A
Lob : MLTSS Marital Status : Single
Email : Phno : 4343290874, 4343290874,8049716514

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	47	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
	METFORMIN	TAB 1000MG	Select	Select		Taking
	ATORVASTATIN	TAB 20MG	Select	Select		Taking
	VITAMIN	TAB 2000UNIT	Select	Select		Taking
	POT CHLORIDE	CAP 10MEQ ER	Select	Select		Taking
	DILTIAZEM	CAP 120MG ER	Select	Select		Taking
	CHLORTHALID	TAB 25MG	Select	Select		Taking
	RISPERIDONE	TAB 3MG	Select	Select		Taking
	ALBUTEROL	FAT E	Select	Select		Taking
	AZITHROMYCIN	TAB 250MG	Select	Select		Taking
	PREDNISONE	TAB 20MG	Select	Select		Taking
	OLM	TAB 20-12.5	Select	Select		Taking
	DICYCLOMINE	CAP 10MG	Select	Select		Taking

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	CITALOPRAM	TAB 20MG	Select	Select		Taking
	SLOW	TAB 45MG	Select	Select		Taking
	NAPROXEN	TAB 500MG	Select	Select		Taking
	TRAMADOL	TAB 50MG	Select	Select		Taking
	ALLERGY	TAB 10MG	Select	Select		Taking
	DEXAMETHASON	TAB 0.5MG	Select	Select		Taking
	PANTOPRAZOLE	TAB 40MG	Select	Select		Taking
	ONDANSETRON	TAB 4MG ODT	Select	Select		Taking
	OXYCOD/APAP	TAB 5-325MG	Select	Select		Taking
	AMOX/K	TAB 875-125	Select	Select		Taking
	CARTIA	CAP 120/24HR	Select	Select		Taking
	ESOMEPRA	CAP 20MG DR	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	METHOCARBAM	TAB 500MG	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

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How much school have you completed? : Less than 3rd grade

Comment :

When you get written information at a doctor's office would you say it is? : Somewhat difficult

Comment :

Care management related to patient's activity levels

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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?

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

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Family History

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

Answer:

Assessors Comments :