



VCU CENTER FOR ADVANCED HEALTH  
MCV Physicians, 2116 W Laburnum Ave Ste 100  
Richmond, VA, 232274359

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

2021-10-22

Dear VCU CENTER FOR ADVANCED HEALTH

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:

NEVITT NOWELL  
1959-12-12  
10050103

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" or similar mark to the right.

Dr. Mark Mattingly, MD  
[Medical Director]

10050103



# Patient Assessment Summary

Name : NEVITT NOWELL Age : 61  
Date of Birth : 1959-12-12 Member ID : 10050103  
Evaluator Name : test Date :  
Gender : Male Address : 7251 HUGHES ROAD ,SANDSTON ,VA  
Lob : MLTSS Marital Status : Single  
Email : Phno : 8049710512,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	61	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
	OMEPRAZOLE	CAP 40MG	Select	Select		Taking
	LISINAPRIL	TAB 10MG	Select	Select		Taking
	SERTRALINE	TAB 50MG	Select	Select		Taking
	FLUZONE	INJ 2020-21	Select	Select		Taking
	DULOXETINE	CAP 30MG	Select	Select		Taking
	MELOXICAM	TAB 15MG	Select	Select		Taking
	AMOXICILLIN	TAB 500MG	Select	Select		Taking
	FLUOXETINE	CAP 20MG	Select	Select		Taking
	TRIAMCINOLON	CRE 0.001	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	HYDROXYZ	TAB 50MG	Select	Select		Taking
	CETIRIZINE	TAB 10MG	Select	Select		Taking
	CLINDAMYCIN	CAP 300MG	Select	Select		Taking
	QUETIAPINE	TAB 50MG	Select	Select		Taking

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	TAMSULOSIN	CAP 0.4MG	Select	Select		Taking
	DOXYCYCL	CAP 100MG	Select	Select		Taking
	FAMOTIDINE	TAB 20MG	Select	Select		Taking
	CEPHALEXIN	CAP 500MG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking
	EAR	DRO 6.5% OT	Select	Select		Taking
	DICLOFENAC	TAB 50MG DR	Select	Select		Taking
	BUT/ASA/CAFF	CAP	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.

When you read the instructions on a prescription bottle would you say that it is? : Somewhat difficult

Comment :

## 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)

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Evaluator Name	: test	Date	:
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Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 8049710512,

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

Family History

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

Answer:

Assessors Comments :