

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. ROBERTS, JOHN C  
101 COWARDIN AVE, STE 105,  
RICHMOND, VA, 232242078

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ROBERTS, JOHN C  
101 COWARDIN AVE, STE 105,  
RICHMOND, VA, 232242078

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

2022-02-04

Dear ROBERTS, JOHN C

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:

JR EARL CHAMBLISS  
1980-03-27  
10099211

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 "MD" written to the right.

Dr. Mark Mattingly, MD  
[Medical Director]

10099211



# Patient Assessment Summary

Name	: JR EARL CHAMBLISS	Age	: 41
Date of Birth	: 1980-03-27	Member ID	: 10099211
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 2211 CAPP ROAD,,HENRICO,,VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 8043062685,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	41	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

## Over the Counter Medications / Supplements

Answer:

### - Race

Answer: Other

Describe

Answer: No Ethnicity

### - Preferred language

Answer: English

## Diagnoses under Chronic Care Management

None

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## 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? : **Completed 3rd grade**

Comment :

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

Comment :

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

Comment :

How confident are you in filling out medical forms by yourself? : **Not Very Confident**

Comment :

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : **Sometimes**

Comment :

- Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? : **No**

Comment :

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : **1/2 a pack**

Comment :

- Counsel patient on the need for a Healthcare Proxy

Healthcare Proxy : **Yes**

Comment :

## Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **Need Some Help**

C. Toileting : **Need Total Help**

D. Bathing : **No**

E. Dressing : **Need Some Help**

F. Eating : **Need Total Help**

## Care management related to past medical history

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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

Family History

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

Answer:

Assessors Comments :