

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

Dr. KAISER PCP  
6501 LOISDALE CT,  
SPRINGFIELD, VA, 221501807

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KAISER PCP  
6501 LOISDALE CT,  
SPRINGFIELD, VA, 221501807

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

2022-02-11

Dear KAISER PCP

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:

DAWIT TACHE  
1968-08-04  
10114828

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]

10114828



# Patient Assessment Summary

Name	: DAWIT TACHE	Age	: 53
Date of Birth	: 1968-08-04	Member ID	: 10114828
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 6414 EDSALL ROAD, APT 201,,ALEXANDRIA,,VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 5713518585,

## Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	53	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:

## 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 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)

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: **10% of your weight (calculated by assessor)**

## 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	Yes

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Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	Don't Know
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	No
If Diabetic Foot Exam	Not Applicable
If Diabetic Hgb A1c screen	Don't Know
Lipid Panel	Yes

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## Care management related to diagnoses and symptoms

### Family History

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

Answer:

Assessors Comments :