



TIFFANY MANLEY
202 TRAVIS STANLEY ROAD
HAYSI, VA, 24256-6110

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

07-15-2022

Dear TIFFANY MANLEY,

Thank you for having your yearly health visit offered to you by Focus Care and Virginia Premier Health Plan. Virginia Premier and Focus Care are partnering to provide this service as part of our effort to enhance your quality of health. We believe better information leads to better choices and better care. Your health review with Focus Care is a great step toward preventive care and healthy living.

Find enclosed a Personal Health Summary from your most recent health visit. This summary gives you a good picture of your health with suggestions about immunizations, screenings, and health tests. Additionally, the summary has recommendations about local resources that you may want to discuss with your primary care provider.

This private information does not affect your health care coverage in any way. Please call Virginia Premier Health before you schedule any health test to make sure it is covered.

We hope you will share your Personal Health Summary with your family and discuss it with your primary care provider. Do not hesitate to call Focus Care at 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm with any questions about this letter or the enclosed Personal Health Summary.

Sincerely,

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

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: TIFFANY MANLEY	Age	: 41
Date of Birth	: 1981-03-01	Member ID	: 10040079
Evaluator Name	: test clinicianFE, FNP	Date	: 2022-7-5 04:36 PM
Gender	: Female	Address	: 202 TRAVIS STANLEY ROAD ,HAYSI ,VA
Lob	: VPM4	Marital Status	:
Email	:	Phone	: ,
Primary Language	: Hindi	Race	: No Ethnicity

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	
Age	41	Patients Height		Patients Weight	
BMI	(Moderate Obesity)				

Allergies

None

Current Medications

None

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

Active

None

History of

1. Legally Deaf, Tinnitus
2. Nose Bleeds, Seasonal Allergies

Care management related to patient's activity levels

Assisitive Devices and DME

Cane, Prosthesis, Oxygen, Wheel Chair, Bed Pan, CPAP

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP : None

Number of times in past 12 months been to the Emergency Room : None

Number of times in past 12 months stayed overnight in hospital : None

Number of times in past 12 months been in a nursing home : None

Had Surgery in the last 12 months : None

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	ABROKWAH, JAMES	

Family History:

None

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Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

Abdominal Aneurysm Screening	
Hepatitis C Screening	
Nutrition/ weight management	
Other	

Social

Smoking/Tobacco	
Durable Power of attorney	
Healthcare Proxy	
Food Disparity	
Literacy	

Disease Management

Discuss options with your Doctor and/or pharmacist to improve medication adherence	
Discuss medication side effects with your Doctor	
Dental exam	
Eye exam	
Swallowing evaluation	
Heart Healthy Diet	
Exercise 30 min a day	
Take medications as prescribed	
Other	

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Assessor Comments	
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